

State: Pennsylvania **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: PA-OP-GEN1-RA20-R1
Project Name/Number: PA-OP-GEN1-RA20-R1 (RATE ONLY)/

Filing at a Glance

Company: Continental Casualty Company
 Product Name: PA-OP-GEN1-RA20-R1
 State: Pennsylvania
 TOI: LTC03I Individual Long Term Care
 Sub-TOI: LTC03I.003 Other
 Filing Type: Rate - Other (Not M.U. or G.I. Product)
 Date Submitted: 02/23/2022
 SERFF Tr Num: CNAB-133114867
 SERFF Status: Closed-Approved
 State Tr Num: CNAB-133114867
 State Status: Approved
 Co Tr Num: PA-OP-GEN1-RA20-R1 (RATE ONLY)
 Effective: On Approval
 Date Requested:
 Author(s): Louis Scarim, John Munro, Mallory Noble, Peter Shugart, Ashley Kushner, Roshni Tantuwaya
 Reviewer(s): Valerie Romig (primary), Jim Laverty
 Disposition Date: 08/09/2022
 Disposition Status: Approved
 Effective Date:

State Filing Description:

Proposed 32.6% rate increase on 588 policyholders of (1) forms P1-15203-A37/-A87 known as the LTC 1 Series and (2) forms P1-18215-A37/-A87 and P1-18876-A37/-A87 known as the Premier/Classic Series.

| | | | |
|-----------------------------|---|------------------------|------------------------------|
| State: | Pennsylvania | Filing Company: | Continental Casualty Company |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | |

General Information

Project Name: PA-OP-GEN1-RA20-R1 (RATE ONLY)

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 32.6%

Deemer Date:

Submitted By: Peter Shugart

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This filing was submitted in our state of domicile, Illinois, on 11/5/2021.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 08/09/2022

State Status Changed: 08/09/2022

Created By: Peter Shugart

Corresponding Filing Tracking Number: CNAB-133114866

State TOI: LTC03I Individual Long Term Care

Filing Description:

Please refer to the Cover Letter in the Supporting Documentation tab.

Company and Contact

Filing Contact Information

Louis Scarim,
151 N. Franklin Street
Chicago, IL 60606

Louis.Scarim@cna.com
312-822-6179 [Phone]

Filing Company Information

Continental Casualty Company
151 N. Franklin Street
Chicago, IL 60606
(312) 822-4006 ext. [Phone]

CoCode: 20443
Group Code: 218
Group Name: CNA Insurance
Companies
FEIN Number: 36-2114545

State of Domicile: Illinois
Company Type: Property and
Casualty
State ID Number:

| | | | |
|-----------------------------|---|------------------------|------------------------------|
| State: | Pennsylvania | Filing Company: | Continental Casualty Company |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | |

Filing Fees

State Fees

| | |
|------------------|----|
| Fee Required? | No |
| Retaliatory? | No |
| Fee Explanation: | |

| | | | |
|-----------------------------|---|------------------------|------------------------------|
| State: | Pennsylvania | Filing Company: | Continental Casualty Company |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Valerie Romig | 08/09/2022 | 08/09/2022 |

Objection Letters and Response Letters

Objection Letters

| Status | Created By | Created On | Date Submitted |
|-------------|---------------|------------|----------------|
| Disapproved | Valerie Romig | 07/13/2022 | 07/13/2022 |
| Disapproved | Valerie Romig | 03/14/2022 | 03/14/2022 |

Response Letters

| Responded By | Created On | Date Submitted |
|---------------|------------|----------------|
| Louis Scarim | 08/08/2022 | 08/08/2022 |
| Peter Shugart | 05/06/2022 | 05/06/2022 |

Amendments

| Schedule | Schedule Item Name | Created By | Created On | Date Submitted |
|---------------------|-------------------------------------|---------------|------------|----------------|
| Supporting Document | Response to 2/26/2022 Note To Filer | Peter Shugart | 03/03/2022 | 03/08/2022 |

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|---------------|---------------|-------------|------------|----------------|
| We need Excel | Note To Filer | Jim Laverty | 02/26/2022 | 02/26/2022 |

| | | | | | |
|-----------------------------|---|--------------------------|------------------------------|----------------------------|--------------------------------|
| SERFF Tracking #: | CNAB-133114867 | State Tracking #: | CNAB-133114867 | Company Tracking #: | PA-OP-GEN1-RA20-R1 (RATE ONLY) |
| State: | Pennsylvania | Filing Company: | Continental Casualty Company | | |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | | | |

Disposition

Disposition Date: 08/09/2022

Effective Date:

Status: Approved

Comment: August 9, 2022

Louis Scarim
Continental Casualty Company
151 N. Franklin Street
Chicago, IL 60606

RE: Proposed 31% rate increase on 588 policyholders of (1) forms P1-15203-A37/-A87 known as the LTC 1 Series and (2) forms P1-18215-A37/-A87 and P1-18876-A37/-A87 known as the Premier/Classic Series.

Pennsylvania Insurance Department ID # CNAB-133114867

Dear Louis Scarim:

The Department approves the following rate increases on the above captioned forms:

- LTC 1 policies with lifetime benefits & AIB rider: 30% in year 1; 5.9% in year 2; for a total cumulative increase of 37.7%
- Premier/Classic policies with lifetime benefits & AIB rider: 27.3% in year 1

Sincerely,

Valerie Romig
Actuarial Associate
Bureau of Life, Accident and Health Insurance

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | Number of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where req'd): | Minimum % Change (where req'd): |
|------------------------------|------------------------------------|-------------------------------|---|--|--|--|--|
| Continental Casualty Company | 32.600% | 32.600% | \$510,553 | 588 | \$1,566,724 | 37.700% | 27.300% |

State: Pennsylvania **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: PA-OP-GEN1-RA20-R1
Project Name/Number: PA-OP-GEN1-RA20-R1 (RATE ONLY)/

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Rate (revised) | LTC1 Rate Supplement & Rate Sheets | | Yes |
| Rate | Premier/Classic Rate Supplement & Rate Sheets | | Yes |
| Rate | LTC1 Rate Supplement & Rate Sheets | | No |
| Supporting Document | Transmittal Letter (A&H) | | Yes |
| Supporting Document | Actuarial Certification (A&H) | | Yes |
| Supporting Document | Actuarial Memorandum and Explanatory Information (A&H) | | Yes |
| Supporting Document | Advertisements (A&H) | | Yes |
| Supporting Document | Authorization to File (A&H) | | Yes |
| Supporting Document | Insert Page Explanation (A&H) | | Yes |
| Supporting Document | Rate Table (A&H) | | Yes |
| Supporting Document | Replacement Form with Highlighted Changes (A&H) | | Yes |
| Supporting Document | Advertisement Compliance Certification | | Yes |
| Supporting Document | Reserve Calculation (A&H) | | Yes |
| Supporting Document | Variability Explanation (A&H) | | Yes |
| Supporting Document | Response to 2/26/2022 Note To Filer | | Yes |
| Supporting Document | Response to 3/14/2022 Objection Letter | | Yes |
| Supporting Document | Response to 7/13/2022 Objection Letter - Acceptance Letter | | Yes |

State: Pennsylvania **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: PA-OP-GEN1-RA20-R1
Project Name/Number: PA-OP-GEN1-RA20-R1 (RATE ONLY)/

Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 07/13/2022
Submitted Date 07/13/2022
Respond By Date

Dear Louis Scarim,

Introduction:

July 13, 2022

Louis Scarim
Continental Casualty Company
151 N. Franklin Street
Chicago, IL 60606

RE: Proposed 31% rate increase on 588 policyholders of (1) forms P1-15203-A37/-A87 known as the LTC1 Series and (2) forms P1-18215-A37/-A87 and P1-18876-A37/-A87 known as the Premier/Classic Series.
Pennsylvania Insurance Department ID # CNAB-133114867

Dear Louis Scarim:

The captioned filing has been reviewed by the Pennsylvania Insurance Department. It has been determined that the filing fails to meet the requirements of our Insurance Company Laws or regulations and is therefore disapproved pursuant to the authority granted under Section 304(a) of Act 134, the Accident and Health Filing Reform Act. In the event you have any questions regarding the stated concerns, please feel free to contact the Department for further clarification.

The disapproved filing may be resubmitted within 120 days of the date of disapproval. If the Department does not hear from you within 120 days, the subject filing will be permanently closed. Such filings resubmitted after 120 days must be submitted as a new filing, inclusive of appropriate filing fees and disclosure of the closed filing SERFF tracking number.

The Department is willing to approve your requested increase of (a) 34.5% on LTC1 policies with lifetime benefits and the AIB rider and (b) 27.3% on Premier/Classic policies with lifetime benefits and the AIB rider, but would recommend the increase be staged over two years. The Department would also recommend that any annual increase be limited to 30%.

Lastly, please provide a seriatim listing of the 588 Continental Casualty policies in this block in Excel. Each row within the worksheet must contain the policy's unique identification number, form number, series (i.e. LTC1 or Premier/Classic), issue age, issue date, inflation status indicator, benefit period, and Continental Casualty's suggested premium increase in each year of the proposed implementation period.

If Continental Casualty would like to accept our offer, then please respond with an acceptance letter and the seriatim listing in Excel.

Sincerely,

Valerie Romig
Actuarial Associate
Bureau of Life, Accident and Health Insurance

Conclusion:

SERFF Tracking #: CNAB-133114867 **State Tracking #:** CNAB-133114867

Company Tracking #: PA-OP-GEN1-RA20-R1 (RATE ONLY)

| | | | |
|-----------------------------|---|------------------------|------------------------------|
| State: | Pennsylvania | Filing Company: | Continental Casualty Company |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | |

Sincerely,
Valerie Romig

State: Pennsylvania **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: PA-OP-GEN1-RA20-R1
Project Name/Number: PA-OP-GEN1-RA20-R1 (RATE ONLY)/

Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 03/14/2022
Submitted Date 03/14/2022
Respond By Date

Dear Louis Scarim,

Introduction:

Mar 14, 2022

Louis Scarim
Continental Casualty Company
151 N. Franklin Street
Chicago, IL 60606

RE: Proposed 31% rate increase on 588 policyholders of forms P1-15203-A37/-A87, P1-18215-A37/-A87, & P1-18876-A37/-A87.
Pennsylvania Insurance Department ID #: CNAB-133114867

Dear Louis Scarim:

The captioned filing has been reviewed by the Pennsylvania Insurance Department. It has been determined that the filing fails to meet the requirements of our Insurance Company Laws or regulations and is therefore disapproved pursuant to the authority granted under Section 304(a) of Act 134, the Accident and Health Filing Reform Act. In the event you have any questions regarding the stated concerns, please feel free to contact the Department for further clarification.

The disapproved filing may be resubmitted within 120 days of the date of disapproval. If the Department does not hear from you within 120 days, the subject filing will be permanently closed. Such filings resubmitted after 120 days must be submitted as a new filing, inclusive of appropriate filing fees and disclosure of the closed filing SERFF tracking number.

Please furnish the following information to the Department.

1. Please provide a table in an Excel spreadsheet (perhaps similar to Exhibit 3a – LTC1 - Policy Forms with Lifetime Benefits & Standard Inflation) for this nationwide block of policies which shows the historical and projected nationwide earned premium and incurred claims on a calendar year basis assuming no rate increase is granted. Please restate the nationwide historical and projected earned premium so that the business from inception appears to have all been earned at the original rate level. The original rate level is the rate level that would have existed if no increase was ever granted on any policy nationwide. Answer this question considering only the policies represented in Exhibit 3a (i.e. LTC1 with Lifetime Benefits & Standard Inflation).
2. Please provide the percent of active Preferred Advantage policyholders remaining on a nationwide basis. How many policies were issued nationwide? How many policies remain in force nationwide? Answer this question considering only the policies represented in Exhibit 3a (i.e. LTC1 with Lifetime Benefits & Standard Inflation).
3. Please provide the cumulative weighted average increase granted on policies in force on this block in PA. Answer this question considering only the policies represented in Exhibit 3a (i.e. LTC1 with Lifetime Benefits & Standard Inflation).
4. Please provide a table in an Excel spreadsheet (perhaps similar to Exhibit 3b – Premier/Classic - Policy Forms with Lifetime Benefits & Standard Inflation) for this nationwide block of policies which shows the historical and projected nationwide earned premium and incurred claims on a calendar year basis assuming no rate increase is granted. Please restate the nationwide historical and projected earned premium so that the business from inception appears to have all been earned at the original rate level. The

State: Pennsylvania **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: PA-OP-GEN1-RA20-R1
Project Name/Number: PA-OP-GEN1-RA20-R1 (RATE ONLY)/

original rate level is the rate level that would have existed if no increase was ever granted on any policy nationwide. Answer this question considering only the policies represented in Exhibit 3a (i.e. Premier/Classic with Lifetime Benefits & Standard Inflation).

5. Please provide the percent of active Preferred Advantage policyholders remaining on a nationwide basis. How many policies were issued nationwide? How many policies remain in force nationwide? Answer this question considering only the policies represented in Exhibit 3a (i.e. Premier/Classic with Lifetime Benefits & Standard Inflation).

6. Please provide the cumulative weighted average increase granted on policies in force on this block in PA. Answer this question considering only the policies represented in Exhibit 3b (i.e. Premier/Classic with Lifetime Benefits & Standard Inflation).

7. Please provide a listing of the past requested increases and approved increases by state for this block. Also include a column showing the cumulative increases approved in each state to date.

8. Please provide the letter that will be sent to policyholders to inform them of the increase and their available options.

9. LTC1 policy forms with lifetime benefits and standard inflation are subject to a 34.5% premium increase. How many LTC1 policy forms are scheduled to receive no premium increase? In other words, the actuarial memo implies there a 354 LTC1 policy forms with lifetime benefits and standard inflation; how many LTC1 policy forms do not have lifetime benefits or do not have standard inflation benefits?

10. Premier/Classic policy forms with lifetime benefits and standard inflation are subject to a 27.3% premium increase. How many Premier/Classic policy forms are scheduled to receive no premium increase? In other words, the actuarial memo implies there a 234 Premier/Classic policy forms with lifetime benefits and standard inflation; how many Premier/Classic policy forms do not have lifetime benefits or do not have standard inflation benefits?

11. Please define what "standard inflation means". In other words, were there any policies issued with non-standard inflation options in this block?

12. Continental Casualty has offered the surrender option in the past. The company also offered a conversion option that provided a paid-up benefit of 100% of premium paid plus a cash payment. What is the approximate percent of policyholders that, when offered a cash surrender option, actually choose to exercise it?

13. The freeze and drop option eliminates future inflation indexing, maintains the current daily benefit, and lowers future premiums to the non-inflation level at the original issue age. What is the approximate average reduction in premium or what is the approximate range of premium reduction? An exact calculation is not required

14. Say a policyholder can purchase \$100 a day without inflation for \$350 per annum. He can purchase the same coverage with 5% compound inflation for \$750 per year. Further say that he purchases the inflation coverage for an annual premium of \$750, waits a little over 9 years until his daily benefit inflates to \$155.13 per day, and then invokes the "freeze and drop" option. Would his new premium be (a) \$350, (b) $\$542.96 = (\$155.13/\$100) * (\$350)$, or (c) something else?

Sincerely,

Valerie Romig
Actuarial Associate
Bureau of Life, Accident and Health Insurance

Conclusion:

Sincerely,

SERFF Tracking #: CNAB-133114867 **State Tracking #:** CNAB-133114867

Company Tracking #: PA-OP-GEN1-RA20-R1 (RATE ONLY)

| | | | |
|-----------------------------|---|------------------------|------------------------------|
| State: | Pennsylvania | Filing Company: | Continental Casualty Company |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | |

Valerie Romig

| | | | |
|-----------------------------|---|------------------------|------------------------------|
| State: | Pennsylvania | Filing Company: | Continental Casualty Company |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | |

Response Letter

| | |
|------------------------|--------------------|
| Response Letter Status | Submitted to State |
| Response Letter Date | 08/08/2022 |
| Submitted Date | 08/08/2022 |

Dear Valerie Romig,

Introduction:

Response 1

Comments:

Please see the attached acceptance letter and supporting documents along with an updated rate supplement for LTC1 and a post-submission update with updated rate information on the Rate/Rule tab.

Changed Items:

No Form Schedule items changed.

| Rate/Rule Schedule Item Changes | | | | | | |
|---------------------------------|------------------------------------|---|-------------|---|--|---------------------------------|
| Item No. | Document Name | Affected Form Numbers (Separated with commas) | Rate Action | Rate Action Information | Attachments | Date Submitted |
| 1 | LTC1 Rate Supplement & Rate Sheets | P1-15203-A37/-A87 | Revised | Previous State Filing Number: CNAB-132346264 Percent Rate Change Request: 37.7 | 2021 LTC1 Supplement to Rate Sheets - PA_v2.pdf, | 08/08/2022 By: Louis Scarim |
| <i>Previous Version</i> | | | | | | |
| 1 | LTC1 Rate Supplement & Rate Sheets | P1-15203-A37/-A87 | Revised | Previous State Filing Number: CNAB-132346264 Percent Rate Change Request: 34.5 | LTC1 Rate Supplement and Rate Sheets - PA.pdf, | 02/23/2022 By: Peter Shugart |

| | | | |
|-----------------------------|---|------------------------|------------------------------|
| State: | Pennsylvania | Filing Company: | Continental Casualty Company |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | |

| Supporting Document Schedule Item Changes | |
|---|--|
| Satisfied - Item: | Response to 7/13/2022 Objection Letter - Acceptance Letter |
| Comments: | |
| Attachment(s): | Response to Objection Letter (20220713) - PA OP Gen1 CNAB-133114867.pdf PA Seriatim Insured - GEN1 Final.xlsx PA Cost of Waiting Analysis - Both GEN1 & GEN2.pdf LTC1 - Infl LT - NW Equivalent LLR - 2 Year Increase.pdf |

Conclusion:

Please let me know if you have any questions or need anything else. Thank you for your time and consideration.

Sincerely,

Louis Scarim

| | | | |
|-----------------------------|---|------------------------|------------------------------|
| State: | Pennsylvania | Filing Company: | Continental Casualty Company |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | |

Response Letter

| | |
|------------------------|--------------------|
| Response Letter Status | Submitted to State |
| Response Letter Date | 05/06/2022 |
| Submitted Date | 05/06/2022 |

Dear Valerie Romig,

Introduction:

Response 1

Comments:

Please see the attached response letter and supporting documents provided on the Supporting Documentation tab.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

| | |
|--------------------------|---|
| Satisfied - Item: | Response to 3/14/2022 Objection Letter |
| Comments: | |
| Attachment(s): | Response to Objection Letter (03.14.2022) - PA OP Gen1.pdf Item 1 – Exhibit 3a_Original Rate Level.xlsx Item 4 – Exhibit 3b_Original Rate Level.xlsx Item 7 - State Status Listing - OP Gen1 (as of 05.03.2022).xlsx Item 8 – Notification_ILTC_NoRI_NW_2021 11042021.pdf Item 8 – Notification_ILTC_RI_NW_2021 11042021.pdf |

Conclusion:

Sincerely,
Peter Shugart

| | | | | | |
|-----------------------------|---|--------------------------|------------------------------|----------------------------|--------------------------------|
| SERFF Tracking #: | CNAB-133114867 | State Tracking #: | CNAB-133114867 | Company Tracking #: | PA-OP-GEN1-RA20-R1 (RATE ONLY) |
| State: | Pennsylvania | Filing Company: | Continental Casualty Company | | |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | | | |

Amendment Letter

Submitted Date: 03/08/2022

Comments:

Mr. Lavery,

Please see the Excel versions of the exhibits included under the Supporting Documentation tab. Please let us know if we can provide anything else to assist in your review.

Thanks,

Peter Shugart

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

| Supporting Document Schedule Item Changes | |
|---|--|
| Satisfied - Item: | Response to 2/26/2022 Note To Filer |
| Comments: | |
| Attachment(s): | Exhibits 1a-4a (PA LTC1 Infl LT).xlsx Exhibits 1b-4b (PA PC Infl LT).xlsx |

State: Pennsylvania **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: PA-OP-GEN1-RA20-R1
Project Name/Number: PA-OP-GEN1-RA20-R1 (RATE ONLY)/

Note To Filer

Created By:

Jim Laverty on 02/26/2022 08:41 AM

Last Edited By:

Valerie Romig

Submitted On:

08/09/2022 01:50 PM

Subject:

We need Excel

Comments:

Please provide the attachments, tables, and exhibits in this filing in an Excel workbook.
Thanks.

State: Pennsylvania **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: PA-OP-GEN1-RA20-R1
Project Name/Number: PA-OP-GEN1-RA20-R1 (RATE ONLY)/

Post Submission Update Request Processed On 08/09/2022

Status: Allowed
Created By: Peter Shugart
Processed By: Valerie Romig
Comments:

General Information:

| Field Name | Requested Change | Prior Value |
|---------------------|------------------|-------------|
| Overall Rate Impact | 32.6 | 31 |

Company Rate Information:

Company Name:Continental Casualty Company

| Field Name | Requested Change | Prior Value |
|---|------------------|-------------|
| Overall % Indicated Change | 32.600% | 31.000% |
| Overall % Rate Impact | 32.600% | 31.000% |
| Written Premium Change for this Program | \$510553 | \$485013 |
| Maximum %Change (where required) | 37.700% | 34.500% |

| | | | |
|-----------------------------|---|------------------------|------------------------------|
| State: | Pennsylvania | Filing Company: | Continental Casualty Company |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | |

Rate Information

Rate data applies to filing.

| | |
|--|----------------|
| Filing Method: | SERFF |
| Rate Change Type: | Increase |
| Overall Percentage of Last Rate Revision: | 7.305% |
| Effective Date of Last Rate Revision: | 02/01/2021 |
| Filing Method of Last Filing: | SERFF |
| SERFF Tracking Number of Last Filing: | CNAB-132346264 |

Company Rate Information

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | Number of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where req'd): | Minimum % Change (where req'd): |
|------------------------------|-----------------------------|------------------------|--|---|-----------------------------------|---------------------------------|---------------------------------|
| Continental Casualty Company | 32.600% | 32.600% | \$510,553 | 588 | \$1,566,724 | 37.700% | 27.300% |

| | | | |
|-----------------------------|---|------------------------|------------------------------|
| State: | Pennsylvania | Filing Company: | Continental Casualty Company |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | |

Rate/Rule Schedule

| Item No. | Schedule Item Status | Document Name | Affected Form Numbers (Separated with commas) | Rate Action | Rate Action Information | Attachments |
|----------|----------------------|---|---|-------------|---|--|
| 1 | | LTC1 Rate Supplement & Rate Sheets | P1-15203-A37/-A87 | Revised | Previous State Filing Number: CNAB-132346264 Percent Rate Change Request: 37.7 | 2021 LTC1 Supplement to Rate Sheets - PA_v2.pdf, |
| 2 | | Premier/Classic Rate Supplement & Rate Sheets | P1-18215-A37/-A87, P1-18876-A37/-A87 | Revised | Previous State Filing Number: CNAB-132346264 Percent Rate Change Request: 27.3 | PC Rate Supplement and Rate Sheets - PA.pdf, |

THIS POLICY IS FOR RENEWAL BUSINESS ONLY

**CONTINENTAL CASUALTY COMPANY
PENNSYLVANIA
LTC1 Product Portfolio
Supplement to Rate Sheets for Policy Forms:**

P1-15203-A37/-A87

Rates in the above forms should be multiplied by the following factors:

| Cumulative Rate Increase | | | |
|----------------------------------|----------------|---------------|----------------|
| Automatic Increase Benefit Rider | Benefit Period | Year 1 Factor | Year 2+ Factor |
| Inflation | Lifetime | 3.955204 | 4.188561 |
| Inflation | Non-Lifetime | 3.042464 | 3.042464 |
| Non-Inflation | Lifetime | 3.042464 | 3.042464 |
| Non-Inflation | Non-Lifetime | 3.042464 | 3.042464 |

These amounts reflect the following prior approved and current rate increases:

| Prior Approved Rate Increases | | | | |
|----------------------------------|----------------|---------------|----------------|-----------------|
| Automatic Increase Benefit Rider | Benefit Period | Approval Date | Effective Date | Amount Approved |
| All | All | 6/28/2002 | 1/1/2003 | 15.00% |
| All | All | 7/10/2003 | 1/1/2004 | 40.00% |
| All | All | 9/2/2011 | 2/1/2012 | 11.80% |
| All | All | 9/2/2011 | 2/1/2013 | 11.80% |
| All | All | 3/23/2016 | 9/1/2016 | 20.00% |
| All | All | 4/3/2018 | 10/1/2018 | 9.54% |
| All | All | 4/3/2018 | 10/1/2019 | 9.54% |
| All | All | 8/22/2020 | 2/1/2021 | 5.00% |

| Current Rate Increase | | | |
|----------------------------------|----------------|---------------|---------------|
| Automatic Increase Benefit Rider | Benefit Period | Year 1 Amount | Year 2 Amount |
| Inflation | Lifetime | 30.0% | 5.9% |
| Inflation | Non-Lifetime | 0.0% | 0.0% |
| Non-Inflation | Lifetime | 0.0% | 0.0% |
| Non-Inflation | Non-Lifetime | 0.0% | 0.0% |

THIS POLICY IS FOR RENEWAL BUSINESS ONLY

**CONTINENTAL CASUALTY COMPANY
PENNSYLVANIA**

**Premier/Classic Product Portfolio
Supplement to Rate Sheets for Policy Forms:**

| | |
|-------------------|-------------------|
| P1-18215-A37/-A87 | P1-18876-A37/-A87 |
|-------------------|-------------------|

Rates in the above forms should be multiplied by the following factors:

| Cumulative Rate Increase | | |
|----------------------------------|----------------|----------|
| Automatic Increase Benefit Rider | Benefit Period | Factor |
| Inflation | Lifetime | 3.608438 |
| Inflation | Non-Lifetime | 2.834594 |
| Non-Inflation | Lifetime | 2.834594 |
| Non-Inflation | Non-Lifetime | 2.834594 |

These amounts reflect the following prior approved and current rate increases:

| Prior Approved Rate Increases | | | | |
|----------------------------------|----------------|---------------|----------------|-----------------|
| Automatic Increase Benefit Rider | Benefit Period | Approval Date | Effective Date | Amount Approved |
| All | All | 7/10/2003 | 1/1/2004 | 50.00% |
| All | All | 9/2/2011 | 2/1/2012 | 11.80% |
| All | All | 9/2/2011 | 2/1/2013 | 11.80% |
| All | All | 3/23/2016 | 9/1/2016 | 20.00% |
| All | All | 4/3/2018 | 10/1/2018 | 9.54% |
| All | All | 4/3/2018 | 10/1/2019 | 9.54% |
| All | All | 8/22/2020 | 2/1/2021 | 5.00% |

| Current Rate Increase | | |
|----------------------------------|----------------|--------|
| Automatic Increase Benefit Rider | Benefit Period | Amount |
| Inflation | Lifetime | 27.3% |
| Inflation | Non-Lifetime | 0.0% |
| Non-Inflation | Lifetime | 0.0% |
| Non-Inflation | Non-Lifetime | 0.0% |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 18 | 23 | 31 |
| 45-49 | | 20 | 26 | 34 |
| 50-54 | | 24 | 31 | 43 |
| 55-59 | | 31 | 42 | 58 |
| 60-64 | | 48 | 64 | 88 |
| 65 | | 58 | 78 | 108 |
| 66 | | 62 | 84 | 117 |
| 67 | | 67 | 92 | 128 |
| 68 | | 73 | 100 | 139 |
| 69 | | 80 | 111 | 153 |
| 70 | | 88 | 122 | 168 |
| 71 | | 96 | 134 | 185 |
| 72 | | 106 | 149 | 206 |
| 73 | | 117 | 166 | 229 |
| 74 | | 130 | 184 | 254 |
| 75 | | 145 | 206 | 282 |
| 76 | | 160 | 228 | 312 |
| 77 | | 177 | 252 | 345 |
| 78 | | 195 | 279 | 380 |
| 79 | | 214 | 307 | 418 |
| 80 | 168 | 235 | | |
| 81 | 186 | 256 | | |
| 82 | 203 | 279 | | |
| 83 | 224 | 309 | | |
| 84 | 246 | 338 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 21 | 28 | 38 |
| 45-49 | | 24 | 31 | 43 |
| 50-54 | | 28 | 38 | 53 |
| 55-59 | | 36 | 49 | 68 |
| 60-64 | | 53 | 72 | 99 |
| 65 | | 65 | 88 | 122 |
| 66 | | 69 | 95 | 133 |
| 67 | | 75 | 104 | 145 |
| 68 | | 82 | 114 | 158 |
| 69 | | 89 | 124 | 173 |
| 70 | | 98 | 137 | 190 |
| 71 | | 107 | 150 | 209 |
| 72 | | 118 | 167 | 232 |
| 73 | | 130 | 186 | 258 |
| 74 | | 144 | 207 | 286 |
| 75 | | 160 | 230 | 318 |
| 76 | | 177 | 256 | 352 |
| 77 | | 196 | 283 | 388 |
| 78 | | 215 | 313 | 428 |
| 79 | | 236 | 343 | 470 |
| 80 | 184 | 258 | | |
| 81 | 204 | 282 | | |
| 82 | 223 | 307 | | |
| 83 | 246 | 339 | | |
| 84 | 269 | 371 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18225-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 25 | 35 | 50 |
| 45-49 | | 28 | 39 | 55 |
| 50-54 | | 36 | 50 | 71 |
| 55-59 | | 47 | 66 | 96 |
| 60-64 | | 69 | 97 | 139 |
| 65 | | 84 | 119 | 172 |
| 66 | | 90 | 128 | 185 |
| 67 | | 98 | 139 | 201 |
| 68 | | 106 | 152 | 219 |
| 69 | | 116 | 166 | 239 |
| 70 | | 126 | 181 | 260 |
| 71 | | 137 | 198 | 285 |
| 72 | | 150 | 218 | 312 |
| 73 | | 164 | 240 | 343 |
| 74 | | 181 | 264 | 377 |
| 75 | | 199 | 291 | 413 |
| 76 | | 218 | 320 | 452 |
| 77 | | 239 | 350 | 495 |
| 78 | | 260 | 383 | 540 |
| 79 | | 282 | 418 | 588 |
| 80 | 215 | 305 | | |
| 81 | 234 | 329 | | |
| 82 | 253 | 354 | | |
| 83 | 276 | 386 | | |
| 84 | 298 | 418 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18225-SERIES

| ISSUE AGE | MAXIMUM= 365x LTC BENEFIT/DAY | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
|--------------|-------------------------------------|-------------------------------------|--------------------------------------|-----------------------|
| 18-44 | | 31 | 43 | 60 |
| 45-49 | | 34 | 48 | 67 |
| 50-54 | | 42 | 60 | 84 |
| 55-59 | | 54 | 77 | 111 |
| 60-64 | | 77 | 110 | 156 |
| 65 | | 94 | 134 | 193 |
| 66 | | 101 | 145 | 207 |
| 67 | | 110 | 157 | 225 |
| 68 | | 119 | 171 | 245 |
| 69 | | 129 | 186 | 267 |
| 70 | | 140 | 203 | 291 |
| 71 | | 153 | 222 | 318 |
| 72 | | 167 | 244 | 349 |
| 73 | | 183 | 269 | 383 |
| 74 | | 201 | 295 | 420 |
| 75 | | 220 | 325 | 461 |
| 76 | | 241 | 356 | 504 |
| 77 | | 264 | 390 | 551 |
| 78 | | 286 | 427 | 601 |
| 79 | | 310 | 465 | 654 |
| 80 | 236 | 336 | | |
| 81 | 257 | 362 | | |
| 82 | 278 | 389 | | |
| 83 | 303 | 424 | | |
| 84 | 327 | 458 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18226-SERIES

| ISSUE AGE | MAXIMUM= 365x LTC BENEFIT/DAY | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
|--------------|-------------------------------------|-------------------------------------|--------------------------------------|-----------------------|
| 18-44 | | 34 | 47 | 67 |
| 45-49 | | 37 | 52 | 74 |
| 50-54 | | 46 | 65 | 94 |
| 55-59 | | 59 | 84 | 122 |
| 60-64 | | 82 | 116 | 167 |
| 65 | | 99 | 141 | 202 |
| 66 | | 105 | 150 | 216 |
| 67 | | 113 | 162 | 233 |
| 68 | | 122 | 175 | 252 |
| 69 | | 132 | 190 | 271 |
| 70 | | 142 | 205 | 293 |
| 71 | | 154 | 223 | 318 |
| 72 | | 167 | 242 | 346 |
| 73 | | 181 | 264 | 377 |
| 74 | | 198 | 289 | 411 |
| 75 | | 216 | 316 | 448 |
| 76 | | 235 | 345 | 487 |
| 77 | | 256 | 376 | 530 |
| 78 | | 276 | 409 | 575 |
| 79 | | 298 | 444 | 623 |
| 80 | 226 | 321 | | |
| 81 | 245 | 345 | | |
| 82 | 264 | 370 | | |
| 83 | 286 | 401 | | |
| 84 | 309 | 432 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18226-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 40 | 57 | 80 |
| 45-49 | | 44 | 63 | 88 |
| 50-54 | | 54 | 77 | 110 |
| 55-59 | | 67 | 97 | 139 |
| 60-64 | | 92 | 131 | 188 |
| 65 | | 111 | 158 | 227 |
| 66 | | 118 | 170 | 242 |
| 67 | | 127 | 183 | 261 |
| 68 | | 136 | 197 | 281 |
| 69 | | 147 | 213 | 303 |
| 70 | | 158 | 230 | 328 |
| 71 | | 172 | 250 | 356 |
| 72 | | 186 | 272 | 387 |
| 73 | | 201 | 297 | 422 |
| 74 | | 219 | 324 | 459 |
| 75 | | 240 | 354 | 499 |
| 76 | | 261 | 385 | 543 |
| 77 | | 283 | 419 | 590 |
| 78 | | 306 | 456 | 640 |
| 79 | | 329 | 494 | 693 |
| 80 | 249 | 354 | | |
| 81 | 269 | 380 | | |
| 82 | 290 | 406 | | |
| 83 | 314 | 440 | | |
| 84 | 337 | 473 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 23 | 29 | 39 |
| 45-49 | | 25 | 33 | 43 |
| 50-54 | | 30 | 39 | 54 |
| 55-59 | | 39 | 53 | 73 |
| 60-64 | | 60 | 80 | 110 |
| 65 | | 73 | 98 | 135 |
| 66 | | 78 | 105 | 146 |
| 67 | | 84 | 115 | 160 |
| 68 | | 91 | 125 | 174 |
| 69 | | 100 | 139 | 191 |
| 70 | | 110 | 153 | 210 |
| 71 | | 120 | 168 | 231 |
| 72 | | 133 | 186 | 258 |
| 73 | | 146 | 208 | 286 |
| 74 | | 163 | 230 | 318 |
| 75 | | 181 | 258 | 353 |
| 76 | | 200 | 285 | 390 |
| 77 | | 221 | 315 | 431 |
| 78 | | 244 | 349 | 475 |
| 79 | | 268 | 384 | 523 |
| 80 | 210 | 294 | | |
| 81 | 233 | 320 | | |
| 82 | 254 | 349 | | |
| 83 | 280 | 386 | | |
| 84 | 308 | 423 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 26 | 35 | 48 |
| 45-49 | | 30 | 39 | 54 |
| 50-54 | | 35 | 48 | 66 |
| 55-59 | | 45 | 61 | 85 |
| 60-64 | | 66 | 90 | 124 |
| 65 | | 81 | 110 | 153 |
| 66 | | 86 | 119 | 166 |
| 67 | | 94 | 130 | 181 |
| 68 | | 103 | 143 | 198 |
| 69 | | 111 | 155 | 216 |
| 70 | | 123 | 171 | 238 |
| 71 | | 134 | 188 | 261 |
| 72 | | 148 | 209 | 290 |
| 73 | | 163 | 233 | 323 |
| 74 | | 180 | 259 | 358 |
| 75 | | 200 | 288 | 398 |
| 76 | | 221 | 320 | 440 |
| 77 | | 245 | 354 | 485 |
| 78 | | 269 | 391 | 535 |
| 79 | | 295 | 429 | 588 |
| 80 | 230 | 323 | | |
| 81 | 255 | 353 | | |
| 82 | 279 | 384 | | |
| 83 | 308 | 424 | | |
| 84 | 336 | 464 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18225-SERIES

| ISSUE AGE | MAXIMUM= 365x LTC BENEFIT/DAY | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
|--------------|-------------------------------------|-------------------------------------|--------------------------------------|-----------------------|
| 18-44 | | 31 | 44 | 63 |
| 45-49 | | 35 | 49 | 69 |
| 50-54 | | 45 | 63 | 89 |
| 55-59 | | 59 | 83 | 120 |
| 60-64 | | 86 | 121 | 174 |
| 65 | | 105 | 149 | 215 |
| 66 | | 113 | 160 | 231 |
| 67 | | 123 | 174 | 251 |
| 68 | | 133 | 190 | 274 |
| 69 | | 145 | 208 | 299 |
| 70 | | 158 | 226 | 325 |
| 71 | | 171 | 248 | 356 |
| 72 | | 188 | 273 | 390 |
| 73 | | 205 | 300 | 429 |
| 74 | | 226 | 330 | 471 |
| 75 | | 249 | 364 | 516 |
| 76 | | 273 | 400 | 565 |
| 77 | | 299 | 438 | 619 |
| 78 | | 325 | 479 | 675 |
| 79 | | 353 | 523 | 735 |
| 80 | 269 | 381 | | |
| 81 | 293 | 411 | | |
| 82 | 316 | 443 | | |
| 83 | 345 | 483 | | |
| 84 | 373 | 523 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18225-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 39 | 54 | 75 |
| 45-49 | | 43 | 60 | 84 |
| 50-54 | | 53 | 75 | 105 |
| 55-59 | | 68 | 96 | 139 |
| 60-64 | | 96 | 138 | 195 |
| 65 | | 118 | 168 | 241 |
| 66 | | 126 | 181 | 259 |
| 67 | | 138 | 196 | 281 |
| 68 | | 149 | 214 | 306 |
| 69 | | 161 | 233 | 334 |
| 70 | | 175 | 254 | 364 |
| 71 | | 191 | 278 | 398 |
| 72 | | 209 | 305 | 436 |
| 73 | | 229 | 336 | 479 |
| 74 | | 251 | 369 | 525 |
| 75 | | 275 | 406 | 576 |
| 76 | | 301 | 445 | 630 |
| 77 | | 330 | 488 | 689 |
| 78 | | 358 | 534 | 751 |
| 79 | | 388 | 581 | 818 |
| 80 | 295 | 420 | | |
| 81 | 321 | 453 | | |
| 82 | 348 | 486 | | |
| 83 | 379 | 530 | | |
| 84 | 409 | 573 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18226-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 43 | 59 | 84 |
| 45-49 | | 46 | 65 | 93 |
| 50-54 | | 58 | 81 | 118 |
| 55-59 | | 74 | 105 | 153 |
| 60-64 | | 103 | 145 | 209 |
| 65 | | 124 | 176 | 253 |
| 66 | | 131 | 188 | 270 |
| 67 | | 141 | 203 | 291 |
| 68 | | 153 | 219 | 315 |
| 69 | | 165 | 238 | 339 |
| 70 | | 178 | 256 | 366 |
| 71 | | 193 | 279 | 398 |
| 72 | | 209 | 303 | 433 |
| 73 | | 226 | 330 | 471 |
| 74 | | 248 | 361 | 514 |
| 75 | | 270 | 395 | 560 |
| 76 | | 294 | 431 | 609 |
| 77 | | 320 | 470 | 663 |
| 78 | | 345 | 511 | 719 |
| 79 | | 373 | 555 | 779 |
| 80 | 283 | 401 | | |
| 81 | 306 | 431 | | |
| 82 | 330 | 463 | | |
| 83 | 358 | 501 | | |
| 84 | 386 | 540 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18226-SERIES

| ISSUE AGE | MAXIMUM= 365x LTC BENEFIT/DAY | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
|--------------|-------------------------------------|-------------------------------------|--------------------------------------|-----------------------|
| 18-44 | | 50 | 71 | 100 |
| 45-49 | | 55 | 79 | 110 |
| 50-54 | | 68 | 96 | 138 |
| 55-59 | | 84 | 121 | 174 |
| 60-64 | | 115 | 164 | 235 |
| 65 | | 139 | 198 | 284 |
| 66 | | 148 | 213 | 303 |
| 67 | | 159 | 229 | 326 |
| 68 | | 170 | 246 | 351 |
| 69 | | 184 | 266 | 379 |
| 70 | | 198 | 288 | 410 |
| 71 | | 215 | 313 | 445 |
| 72 | | 233 | 340 | 484 |
| 73 | | 251 | 371 | 528 |
| 74 | | 274 | 405 | 574 |
| 75 | | 300 | 443 | 624 |
| 76 | | 326 | 481 | 679 |
| 77 | | 354 | 524 | 738 |
| 78 | | 383 | 570 | 800 |
| 79 | | 411 | 618 | 866 |
| 80 | 311 | 443 | | |
| 81 | 336 | 475 | | |
| 82 | 363 | 508 | | |
| 83 | 393 | 550 | | |
| 84 | 421 | 591 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37
Long-Term Care Policy
Other Optional Riders

Benefit Eligibility Amendment Rider R1-18223-Series

If Rider R1-18223-Series is present, multiply policy premium by 1.05.

Guaranteed Insurability Option Rider R1-18224-Series

If Rider R1-18224-Series is present, multiply policy premium by appropriate factor from the following table:

| <u>Issue Age</u> | <u>Factor</u> |
|------------------|---------------|
| 18-44 | 1.15 |
| 45-49 | 1.15 |
| 50-54 | 1.15 |
| 55-59 | 1.15 |
| 60-64 | 1.15 |
| 65 | 1.15 |
| 66 | 1.15 |
| 67 | 1.14 |
| 68 | 1.13 |
| 69 | 1.12 |
| 70 | 1.11 |
| 71 | 1.10 |
| 72 | 1.08 |
| 73 | 1.06 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37
Long-Term Care Policy

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Standard Rating Group.
Rates for Health Groups II and III are calculated by multiplying Standard rates by 1.20 and 1.40, respectively.

Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| <u>Benefit Maximum</u> | <u>30</u> | <u>60</u> | <u>90</u> | <u>180</u> | <u>365</u> |
|----------------------------|-----------|-----------|-----------|------------|------------|
| 365x,730x | 0.89 | 0.84 | 0.80 | 0.69 | 0.60 |
| 1460x | 0.91 | 0.86 | 0.82 | 0.72 | 0.63 |
| Unlimited | 0.93 | 0.89 | 0.86 | 0.78 | 0.70 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37
Long-Term Care Policy

SPOUSAL DISCOUNT

A 10% discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group.
2. If both spouses apply for coverage simultaneously and are both issued, discount applies to both policies.

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 18 | 23 | 31 |
| 45-49 | | 20 | 26 | 34 |
| 50-54 | | 24 | 31 | 43 |
| 55-59 | | 31 | 42 | 58 |
| 60-64 | | 48 | 64 | 88 |
| 65 | | 58 | 78 | 108 |
| 66 | | 62 | 84 | 117 |
| 67 | | 67 | 92 | 128 |
| 68 | | 73 | 100 | 139 |
| 69 | | 80 | 111 | 153 |
| 70 | | 88 | 122 | 168 |
| 71 | | 96 | 134 | 185 |
| 72 | | 106 | 149 | 206 |
| 73 | | 117 | 166 | 229 |
| 74 | | 130 | 184 | 254 |
| 75 | | 145 | 206 | 282 |
| 76 | | 160 | 228 | 312 |
| 77 | | 177 | 252 | 345 |
| 78 | | 195 | 279 | 380 |
| 79 | | 214 | 307 | 418 |
| 80 | 168 | 235 | | |
| 81 | 186 | 256 | | |
| 82 | 203 | 279 | | |
| 83 | 224 | 309 | | |
| 84 | 246 | 338 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 21 | 28 | 38 |
| 45-49 | | 24 | 31 | 43 |
| 50-54 | | 28 | 38 | 53 |
| 55-59 | | 36 | 49 | 68 |
| 60-64 | | 53 | 72 | 99 |
| 65 | | 65 | 88 | 122 |
| 66 | | 69 | 95 | 133 |
| 67 | | 75 | 104 | 145 |
| 68 | | 82 | 114 | 158 |
| 69 | | 89 | 124 | 173 |
| 70 | | 98 | 137 | 190 |
| 71 | | 107 | 150 | 209 |
| 72 | | 118 | 167 | 232 |
| 73 | | 130 | 186 | 258 |
| 74 | | 144 | 207 | 286 |
| 75 | | 160 | 230 | 318 |
| 76 | | 177 | 256 | 352 |
| 77 | | 196 | 283 | 388 |
| 78 | | 215 | 313 | 428 |
| 79 | | 236 | 343 | 470 |
| 80 | 184 | 258 | | |
| 81 | 204 | 282 | | |
| 82 | 223 | 307 | | |
| 83 | 246 | 339 | | |
| 84 | 269 | 371 | | |

CONTINENTAL CASUALTY COMPANY
 Rate Sheet For P1-18215-A87
 Long-Term Care Policy
 Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
 0 DAY ELIMINATION PERIOD
 HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
 50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
 WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18225-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 25 | 35 | 50 |
| 45-49 | | 28 | 39 | 55 |
| 50-54 | | 36 | 50 | 71 |
| 55-59 | | 47 | 66 | 96 |
| 60-64 | | 69 | 97 | 139 |
| 65 | | 84 | 119 | 172 |
| 66 | | 90 | 128 | 185 |
| 67 | | 98 | 139 | 201 |
| 68 | | 106 | 152 | 219 |
| 69 | | 116 | 166 | 239 |
| 70 | | 126 | 181 | 260 |
| 71 | | 137 | 198 | 285 |
| 72 | | 150 | 218 | 312 |
| 73 | | 164 | 240 | 343 |
| 74 | | 181 | 264 | 377 |
| 75 | | 199 | 291 | 413 |
| 76 | | 218 | 320 | 452 |
| 77 | | 239 | 350 | 495 |
| 78 | | 260 | 383 | 540 |
| 79 | | 282 | 418 | 588 |
| 80 | 215 | 305 | | |
| 81 | 234 | 329 | | |
| 82 | 253 | 354 | | |
| 83 | 276 | 386 | | |
| 84 | 298 | 418 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18225-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 31 | 43 | 60 |
| 45-49 | | 34 | 48 | 67 |
| 50-54 | | 42 | 60 | 84 |
| 55-59 | | 54 | 77 | 111 |
| 60-64 | | 77 | 110 | 156 |
| 65 | | 94 | 134 | 193 |
| 66 | | 101 | 145 | 207 |
| 67 | | 110 | 157 | 225 |
| 68 | | 119 | 171 | 245 |
| 69 | | 129 | 186 | 267 |
| 70 | | 140 | 203 | 291 |
| 71 | | 153 | 222 | 318 |
| 72 | | 167 | 244 | 349 |
| 73 | | 183 | 269 | 383 |
| 74 | | 201 | 295 | 420 |
| 75 | | 220 | 325 | 461 |
| 76 | | 241 | 356 | 504 |
| 77 | | 264 | 390 | 551 |
| 78 | | 286 | 427 | 601 |
| 79 | | 310 | 465 | 654 |
| 80 | 236 | 336 | | |
| 81 | 257 | 362 | | |
| 82 | 278 | 389 | | |
| 83 | 303 | 424 | | |
| 84 | 327 | 458 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18226-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 34 | 47 | 67 |
| 45-49 | | 37 | 52 | 74 |
| 50-54 | | 46 | 65 | 94 |
| 55-59 | | 59 | 84 | 122 |
| 60-64 | | 82 | 116 | 167 |
| 65 | | 99 | 141 | 202 |
| 66 | | 105 | 150 | 216 |
| 67 | | 113 | 162 | 233 |
| 68 | | 122 | 175 | 252 |
| 69 | | 132 | 190 | 271 |
| 70 | | 142 | 205 | 293 |
| 71 | | 154 | 223 | 318 |
| 72 | | 167 | 242 | 346 |
| 73 | | 181 | 264 | 377 |
| 74 | | 198 | 289 | 411 |
| 75 | | 216 | 316 | 448 |
| 76 | | 235 | 345 | 487 |
| 77 | | 256 | 376 | 530 |
| 78 | | 276 | 409 | 575 |
| 79 | | 298 | 444 | 623 |
| 80 | 226 | 321 | | |
| 81 | 245 | 345 | | |
| 82 | 264 | 370 | | |
| 83 | 286 | 401 | | |
| 84 | 309 | 432 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18226-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 40 | 57 | 80 |
| 45-49 | | 44 | 63 | 88 |
| 50-54 | | 54 | 77 | 110 |
| 55-59 | | 67 | 97 | 139 |
| 60-64 | | 92 | 131 | 188 |
| 65 | | 111 | 158 | 227 |
| 66 | | 118 | 170 | 242 |
| 67 | | 127 | 183 | 261 |
| 68 | | 136 | 197 | 281 |
| 69 | | 147 | 213 | 303 |
| 70 | | 158 | 230 | 328 |
| 71 | | 172 | 250 | 356 |
| 72 | | 186 | 272 | 387 |
| 73 | | 201 | 297 | 422 |
| 74 | | 219 | 324 | 459 |
| 75 | | 240 | 354 | 499 |
| 76 | | 261 | 385 | 543 |
| 77 | | 283 | 419 | 590 |
| 78 | | 306 | 456 | 640 |
| 79 | | 329 | 494 | 693 |
| 80 | 249 | 354 | | |
| 81 | 269 | 380 | | |
| 82 | 290 | 406 | | |
| 83 | 314 | 440 | | |
| 84 | 337 | 473 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 23 | 29 | 39 |
| 45-49 | | 25 | 33 | 43 |
| 50-54 | | 30 | 39 | 54 |
| 55-59 | | 39 | 53 | 73 |
| 60-64 | | 60 | 80 | 110 |
| 65 | | 73 | 98 | 135 |
| 66 | | 78 | 105 | 146 |
| 67 | | 84 | 115 | 160 |
| 68 | | 91 | 125 | 174 |
| 69 | | 100 | 139 | 191 |
| 70 | | 110 | 153 | 210 |
| 71 | | 120 | 168 | 231 |
| 72 | | 133 | 186 | 258 |
| 73 | | 146 | 208 | 286 |
| 74 | | 163 | 230 | 318 |
| 75 | | 181 | 258 | 353 |
| 76 | | 200 | 285 | 390 |
| 77 | | 221 | 315 | 431 |
| 78 | | 244 | 349 | 475 |
| 79 | | 268 | 384 | 523 |
| 80 | 210 | 294 | | |
| 81 | 233 | 320 | | |
| 82 | 254 | 349 | | |
| 83 | 280 | 386 | | |
| 84 | 308 | 423 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 26 | 35 | 48 |
| 45-49 | | 30 | 39 | 54 |
| 50-54 | | 35 | 48 | 66 |
| 55-59 | | 45 | 61 | 85 |
| 60-64 | | 66 | 90 | 124 |
| 65 | | 81 | 110 | 153 |
| 66 | | 86 | 119 | 166 |
| 67 | | 94 | 130 | 181 |
| 68 | | 103 | 143 | 198 |
| 69 | | 111 | 155 | 216 |
| 70 | | 123 | 171 | 238 |
| 71 | | 134 | 188 | 261 |
| 72 | | 148 | 209 | 290 |
| 73 | | 163 | 233 | 323 |
| 74 | | 180 | 259 | 358 |
| 75 | | 200 | 288 | 398 |
| 76 | | 221 | 320 | 440 |
| 77 | | 245 | 354 | 485 |
| 78 | | 269 | 391 | 535 |
| 79 | | 295 | 429 | 588 |
| 80 | 230 | 323 | | |
| 81 | 255 | 353 | | |
| 82 | 279 | 384 | | |
| 83 | 308 | 424 | | |
| 84 | 336 | 464 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18225-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 31 | 44 | 63 |
| 45-49 | | 35 | 49 | 69 |
| 50-54 | | 45 | 63 | 89 |
| 55-59 | | 59 | 83 | 120 |
| 60-64 | | 86 | 121 | 174 |
| 65 | | 105 | 149 | 215 |
| 66 | | 113 | 160 | 231 |
| 67 | | 123 | 174 | 251 |
| 68 | | 133 | 190 | 274 |
| 69 | | 145 | 208 | 299 |
| 70 | | 158 | 226 | 325 |
| 71 | | 171 | 248 | 356 |
| 72 | | 188 | 273 | 390 |
| 73 | | 205 | 300 | 429 |
| 74 | | 226 | 330 | 471 |
| 75 | | 249 | 364 | 516 |
| 76 | | 273 | 400 | 565 |
| 77 | | 299 | 438 | 619 |
| 78 | | 325 | 479 | 675 |
| 79 | | 353 | 523 | 735 |
| 80 | 269 | 381 | | |
| 81 | 293 | 411 | | |
| 82 | 316 | 443 | | |
| 83 | 345 | 483 | | |
| 84 | 373 | 523 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18225-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 39 | 54 | 75 |
| 45-49 | | 43 | 60 | 84 |
| 50-54 | | 53 | 75 | 105 |
| 55-59 | | 68 | 96 | 139 |
| 60-64 | | 96 | 138 | 195 |
| 65 | | 118 | 168 | 241 |
| 66 | | 126 | 181 | 259 |
| 67 | | 138 | 196 | 281 |
| 68 | | 149 | 214 | 306 |
| 69 | | 161 | 233 | 334 |
| 70 | | 175 | 254 | 364 |
| 71 | | 191 | 278 | 398 |
| 72 | | 209 | 305 | 436 |
| 73 | | 229 | 336 | 479 |
| 74 | | 251 | 369 | 525 |
| 75 | | 275 | 406 | 576 |
| 76 | | 301 | 445 | 630 |
| 77 | | 330 | 488 | 689 |
| 78 | | 358 | 534 | 751 |
| 79 | | 388 | 581 | 818 |
| 80 | 295 | 420 | | |
| 81 | 321 | 453 | | |
| 82 | 348 | 486 | | |
| 83 | 379 | 530 | | |
| 84 | 409 | 573 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18226-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 43 | 59 | 84 |
| 45-49 | | 46 | 65 | 93 |
| 50-54 | | 58 | 81 | 118 |
| 55-59 | | 74 | 105 | 153 |
| 60-64 | | 103 | 145 | 209 |
| 65 | | 124 | 176 | 253 |
| 66 | | 131 | 188 | 270 |
| 67 | | 141 | 203 | 291 |
| 68 | | 153 | 219 | 315 |
| 69 | | 165 | 238 | 339 |
| 70 | | 178 | 256 | 366 |
| 71 | | 193 | 279 | 398 |
| 72 | | 209 | 303 | 433 |
| 73 | | 226 | 330 | 471 |
| 74 | | 248 | 361 | 514 |
| 75 | | 270 | 395 | 560 |
| 76 | | 294 | 431 | 609 |
| 77 | | 320 | 470 | 663 |
| 78 | | 345 | 511 | 719 |
| 79 | | 373 | 555 | 779 |
| 80 | 283 | 401 | | |
| 81 | 306 | 431 | | |
| 82 | 330 | 463 | | |
| 83 | 358 | 501 | | |
| 84 | 386 | 540 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18226-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 365x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 730x LTC BENEFIT/DAY</u> | <u>MAXIMUM= 1460x LTC BENEFIT/DAY</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|--|--|---|-------------------------------|
| 18-44 | | 50 | 71 | 100 |
| 45-49 | | 55 | 79 | 110 |
| 50-54 | | 68 | 96 | 138 |
| 55-59 | | 84 | 121 | 174 |
| 60-64 | | 115 | 164 | 235 |
| 65 | | 139 | 198 | 284 |
| 66 | | 148 | 213 | 303 |
| 67 | | 159 | 229 | 326 |
| 68 | | 170 | 246 | 351 |
| 69 | | 184 | 266 | 379 |
| 70 | | 198 | 288 | 410 |
| 71 | | 215 | 313 | 445 |
| 72 | | 233 | 340 | 484 |
| 73 | | 251 | 371 | 528 |
| 74 | | 274 | 405 | 574 |
| 75 | | 300 | 443 | 624 |
| 76 | | 326 | 481 | 679 |
| 77 | | 354 | 524 | 738 |
| 78 | | 383 | 570 | 800 |
| 79 | | 411 | 618 | 866 |
| 80 | 311 | 443 | | |
| 81 | 336 | 475 | | |
| 82 | 363 | 508 | | |
| 83 | 393 | 550 | | |
| 84 | 421 | 591 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87
Long-Term Care Policy
Other Optional Riders

Benefit Eligibility Amendment Rider R1-18223-Series

If Rider R1-18223-Series is present, multiply policy premium by 1.05.

Guaranteed Insurability Option Rider R1-18224-Series

If Rider R1-18224-Series is present, multiply policy premium by appropriate factor from the following table:

| <u>Issue Age</u> | <u>Factor</u> |
|------------------|---------------|
| 18-44 | 1.15 |
| 45-49 | 1.15 |
| 50-54 | 1.15 |
| 55-59 | 1.15 |
| 60-64 | 1.15 |
| 65 | 1.15 |
| 66 | 1.15 |
| 67 | 1.14 |
| 68 | 1.13 |
| 69 | 1.12 |
| 70 | 1.11 |
| 71 | 1.10 |
| 72 | 1.08 |
| 73 | 1.06 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87
Long-Term Care Policy

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Standard Rating Group.
Rates for Health Groups II and III are calculated by multiplying Standard rates by 1.20 and 1.40, respectively.

Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| <u>Benefit</u> <u>Maximum</u> | <u>30</u> | <u>60</u> | <u>90</u> | <u>180</u> | <u>365</u> |
|----------------------------------|-----------|-----------|-----------|------------|------------|
| 365x,730x | 0.89 | 0.84 | 0.80 | 0.69 | 0.60 |
| 1460x | 0.91 | 0.86 | 0.82 | 0.72 | 0.63 |
| Unlimited | 0.93 | 0.89 | 0.86 | 0.78 | 0.70 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87
Long-Term Care Policy

FRANCHISE ASSOCIATION FACTORS

- A. The rates will be multiplied by a factor of .90 if the following conditions are met:

For Associations of 200 lives or more:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.

- B. The rates will be multiplied by a factor of .95 if the following conditions are met:

For Associations of less than 200 lives:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.

SPOUSAL DISCOUNT

- A 10% discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group.
2. If both spouses apply for coverage simultaneously and are both issued, discount applies to both policies.

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD

| <u>ISSUE AGE</u> | <u>MAXIMUM= 2 YEARS</u> | <u>MAXIMUM= 4 YEARS</u> | <u>MAXIMUM= 6 YEARS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------|
| 18-44 | 14 | 17 | 18 | 21 |
| 45-49 | 15 | 19 | 20 | 23 |
| 50-54 | 20 | 26 | 28 | 31 |
| 55-59 | 27 | 36 | 40 | 44 |
| 60-64 | 45 | 58 | 65 | 71 |
| 65 | 55 | 72 | 81 | 88 |
| 66 | 60 | 78 | 88 | 96 |
| 67 | 65 | 85 | 96 | 105 |
| 68 | 71 | 94 | 105 | 115 |
| 69 | 77 | 102 | 116 | 126 |
| 70 | 85 | 112 | 128 | 138 |
| 71 | 94 | 124 | 140 | 152 |
| 72 | 105 | 139 | 156 | 169 |
| 73 | 116 | 155 | 175 | 189 |
| 74 | 128 | 173 | 196 | 210 |
| 75 | 144 | 194 | 218 | 233 |
| 76 | 160 | 216 | 242 | 258 |
| 77 | 177 | 240 | 269 | 286 |
| 78 | 196 | 266 | 298 | 316 |
| 79 | 215 | 293 | 330 | 349 |
| 80 | 237 | | | |
| 81 | 260 | | | |
| 82 | 284 | | | |
| 83 | 315 | | | |
| 84 | 347 | | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 2 YEARS</u> | <u>MAXIMUM= 4 YEARS</u> | <u>MAXIMUM= 6 YEARS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------|
| 18-44 | 21 | 28 | 31 | 35 |
| 45-49 | 24 | 31 | 35 | 39 |
| 50-54 | 31 | 42 | 48 | 54 |
| 55-59 | 43 | 59 | 68 | 77 |
| 60-64 | 66 | 89 | 103 | 115 |
| 65 | 82 | 111 | 128 | 143 |
| 66 | 88 | 120 | 139 | 154 |
| 67 | 96 | 131 | 151 | 167 |
| 68 | 105 | 143 | 166 | 183 |
| 69 | 114 | 156 | 181 | 199 |
| 70 | 125 | 171 | 198 | 217 |
| 71 | 137 | 187 | 217 | 238 |
| 72 | 150 | 207 | 239 | 261 |
| 73 | 165 | 228 | 264 | 287 |
| 74 | 181 | 252 | 291 | 315 |
| 75 | 201 | 278 | 320 | 347 |
| 76 | 220 | 306 | 352 | 381 |
| 77 | 241 | 337 | 386 | 417 |
| 78 | 264 | 369 | 422 | 455 |
| 79 | 286 | 404 | 462 | 496 |
| 80 | 310 | | | |
| 81 | 337 | | | |
| 82 | 363 | | | |
| 83 | 397 | | | |
| 84 | 432 | | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 2 YEARS</u> | <u>MAXIMUM= 4 YEARS</u> | <u>MAXIMUM= 6 YEARS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------|
| 18-44 | 29 | 39 | 45 | 50 |
| 45-49 | 32 | 43 | 50 | 55 |
| 50-54 | 43 | 57 | 65 | 73 |
| 55-59 | 56 | 76 | 88 | 98 |
| 60-64 | 81 | 108 | 125 | 138 |
| 65 | 98 | 132 | 153 | 168 |
| 66 | 105 | 142 | 164 | 180 |
| 67 | 112 | 153 | 177 | 195 |
| 68 | 122 | 166 | 191 | 211 |
| 69 | 131 | 179 | 207 | 227 |
| 70 | 142 | 195 | 224 | 246 |
| 71 | 154 | 212 | 244 | 267 |
| 72 | 167 | 231 | 266 | 291 |
| 73 | 182 | 253 | 291 | 317 |
| 74 | 199 | 277 | 319 | 346 |
| 75 | 218 | 303 | 349 | 377 |
| 76 | 238 | 332 | 380 | 411 |
| 77 | 259 | 362 | 415 | 447 |
| 78 | 281 | 394 | 451 | 485 |
| 79 | 303 | 429 | 491 | 526 |
| 80 | 328 | | | |
| 81 | 353 | | | |
| 82 | 379 | | | |
| 83 | 413 | | | |
| 84 | 446 | | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD

| <u>ISSUE AGE</u> | <u>MAXIMUM= 2 YEARS</u> | <u>MAXIMUM= 4 YEARS</u> | <u>MAXIMUM= 6 YEARS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------|
| 18-44 | 18 | 21 | 23 | 26 |
| 45-49 | 19 | 24 | 25 | 29 |
| 50-54 | 25 | 33 | 35 | 39 |
| 55-59 | 34 | 45 | 50 | 55 |
| 60-64 | 56 | 73 | 81 | 89 |
| 65 | 69 | 90 | 101 | 110 |
| 66 | 75 | 98 | 110 | 120 |
| 67 | 81 | 106 | 120 | 131 |
| 68 | 89 | 118 | 131 | 144 |
| 69 | 96 | 128 | 145 | 158 |
| 70 | 106 | 140 | 160 | 173 |
| 71 | 118 | 155 | 175 | 190 |
| 72 | 131 | 174 | 195 | 211 |
| 73 | 145 | 194 | 219 | 236 |
| 74 | 160 | 216 | 245 | 263 |
| 75 | 180 | 243 | 273 | 291 |
| 76 | 200 | 270 | 303 | 323 |
| 77 | 221 | 300 | 336 | 358 |
| 78 | 245 | 333 | 373 | 395 |
| 79 | 269 | 366 | 413 | 436 |
| 80 | 296 | | | |
| 81 | 325 | | | |
| 82 | 355 | | | |
| 83 | 394 | | | |
| 84 | 434 | | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 2 YEARS</u> | <u>MAXIMUM= 4 YEARS</u> | <u>MAXIMUM= 6 YEARS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------|
| 18-44 | 26 | 35 | 39 | 44 |
| 45-49 | 30 | 39 | 44 | 49 |
| 50-54 | 39 | 53 | 60 | 68 |
| 55-59 | 54 | 74 | 85 | 96 |
| 60-64 | 83 | 111 | 129 | 144 |
| 65 | 103 | 139 | 160 | 179 |
| 66 | 110 | 150 | 174 | 193 |
| 67 | 120 | 164 | 189 | 209 |
| 68 | 131 | 179 | 208 | 229 |
| 69 | 143 | 195 | 226 | 249 |
| 70 | 156 | 214 | 248 | 271 |
| 71 | 171 | 234 | 271 | 298 |
| 72 | 188 | 259 | 299 | 326 |
| 73 | 206 | 285 | 330 | 359 |
| 74 | 226 | 315 | 364 | 394 |
| 75 | 251 | 348 | 400 | 434 |
| 76 | 275 | 383 | 440 | 476 |
| 77 | 301 | 421 | 483 | 521 |
| 78 | 330 | 461 | 528 | 569 |
| 79 | 358 | 505 | 578 | 620 |
| 80 | 388 | | | |
| 81 | 421 | | | |
| 82 | 454 | | | |
| 83 | 496 | | | |
| 84 | 540 | | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 2 YEARS</u> | <u>MAXIMUM= 4 YEARS</u> | <u>MAXIMUM= 6 YEARS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------|
| 18-44 | 36 | 49 | 56 | 63 |
| 45-49 | 40 | 54 | 63 | 69 |
| 50-54 | 54 | 71 | 81 | 91 |
| 55-59 | 70 | 95 | 110 | 123 |
| 60-64 | 101 | 135 | 156 | 173 |
| 65 | 123 | 165 | 191 | 210 |
| 66 | 131 | 178 | 205 | 225 |
| 67 | 140 | 191 | 221 | 244 |
| 68 | 153 | 208 | 239 | 264 |
| 69 | 164 | 224 | 259 | 284 |
| 70 | 178 | 244 | 280 | 308 |
| 71 | 193 | 265 | 305 | 334 |
| 72 | 209 | 289 | 333 | 364 |
| 73 | 228 | 316 | 364 | 396 |
| 74 | 249 | 346 | 399 | 433 |
| 75 | 273 | 379 | 436 | 471 |
| 76 | 298 | 415 | 475 | 514 |
| 77 | 324 | 453 | 519 | 559 |
| 78 | 351 | 493 | 564 | 606 |
| 79 | 379 | 536 | 614 | 658 |
| 80 | 410 | | | |
| 81 | 441 | | | |
| 82 | 474 | | | |
| 83 | 516 | | | |
| 84 | 558 | | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

0 DAY ELIMINATION PERIOD
1 YEAR BENEFIT PERIOD FOR AGES 80-84

| ISSUE AGE | WITH NO AUTOMATIC INCREASE | |
|--------------|----------------------------|-----------------|
| | <u>PREFERRED</u> | <u>STANDARD</u> |
| 80 | 166 | 208 |
| 81 | 183 | 229 |
| 82 | 199 | 249 |
| 83 | 221 | 277 |
| 84 | 243 | 304 |

| ISSUE AGE | WITH SIMPLE AUTOMATIC INCREASE | |
|--------------|--------------------------------|-----------------|
| | <u>PREFERRED</u> | <u>STANDARD</u> |
| 80 | 217 | 271 |
| 81 | 236 | 295 |
| 82 | 254 | 318 |
| 83 | 278 | 348 |
| 84 | 302 | 378 |

| ISSUE AGE | WITH COMPOUND AUTOMATIC INCREASE | |
|--------------|----------------------------------|-----------------|
| | <u>PREFERRED</u> | <u>STANDARD</u> |
| 80 | 230 | 288 |
| 81 | 248 | 310 |
| 82 | 265 | 331 |
| 83 | 289 | 361 |
| 84 | 312 | 390 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first \$50 of Home Care Daily Benefit

PREFERRED RATING GROUP

| <u>ISSUE AGE</u> | <u>MAXIMUM= 750 DAYS</u> | <u>MAXIMUM= 1500 DAYS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|------------------------------|-------------------------------|-------------------------------|
| 18-44 | 81 | 111 | 126 |
| 45-49 | 90 | 123 | 140 |
| 50-54 | 102 | 139 | 159 |
| 55-59 | 121 | 166 | 189 |
| 60-64 | 161 | 220 | 251 |
| 65 | 197 | 269 | 306 |
| 66 | 210 | 287 | 328 |
| 67 | 225 | 309 | 353 |
| 68 | 244 | 333 | 380 |
| 69 | 262 | 359 | 411 |
| 70 | 283 | 388 | 444 |
| 71 | 307 | 421 | 481 |
| 72 | 332 | 455 | 521 |
| 73 | 359 | 494 | 566 |
| 74 | 388 | 534 | 612 |
| 75 | 420 | 578 | 662 |
| 76 | 455 | 625 | 716 |
| 77 | 493 | 675 | 772 |
| 78 | 534 | 728 | 830 |
| 79 | 577 | 785 | 893 |
| 80 | 624 | | |
| 81 | 673 | | |
| 82 | 726 | | |
| 83 | 789 | | |
| 84 | 852 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first \$50 of Home Care Daily Benefit

PREFERRED RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 750 DAYS</u> | <u>MAXIMUM= 1500 DAYS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|------------------------------|-------------------------------|-------------------------------|
| 18-44 | 123 | 168 | 192 |
| 45-49 | 137 | 187 | 213 |
| 50-54 | 158 | 216 | 247 |
| 55-59 | 202 | 277 | 316 |
| 60-64 | 258 | 352 | 402 |
| 65 | 293 | 402 | 459 |
| 66 | 308 | 422 | 482 |
| 67 | 327 | 447 | 511 |
| 68 | 348 | 477 | 546 |
| 69 | 375 | 513 | 586 |
| 70 | 404 | 553 | 631 |
| 71 | 436 | 596 | 681 |
| 72 | 469 | 642 | 733 |
| 73 | 501 | 689 | 789 |
| 74 | 539 | 741 | 848 |
| 75 | 580 | 796 | 911 |
| 76 | 624 | 855 | 977 |
| 77 | 668 | 915 | 1046 |
| 78 | 714 | 978 | 1117 |
| 79 | 764 | 1044 | 1191 |
| 80 | 815 | | |
| 81 | 869 | | |
| 82 | 927 | | |
| 83 | 994 | | |
| 84 | 1060 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first \$50 of Home Care Daily Benefit

PREFERRED RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 750 DAYS</u> | <u>MAXIMUM= 1500 DAYS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|------------------------------|-------------------------------|-------------------------------|
| 18-44 | 153 | 209 | 238 |
| 45-49 | 170 | 232 | 265 |
| 50-54 | 194 | 266 | 304 |
| 55-59 | 239 | 327 | 374 |
| 60-64 | 294 | 404 | 462 |
| 65 | 334 | 456 | 521 |
| 66 | 350 | 478 | 546 |
| 67 | 368 | 503 | 575 |
| 68 | 391 | 535 | 611 |
| 69 | 417 | 571 | 653 |
| 70 | 447 | 612 | 699 |
| 71 | 480 | 656 | 749 |
| 72 | 514 | 704 | 804 |
| 73 | 546 | 751 | 861 |
| 74 | 585 | 803 | 919 |
| 75 | 627 | 860 | 983 |
| 76 | 669 | 917 | 1049 |
| 77 | 714 | 978 | 1117 |
| 78 | 759 | 1039 | 1187 |
| 79 | 807 | 1105 | 1262 |
| 80 | 858 | | |
| 81 | 911 | | |
| 82 | 965 | | |
| 83 | 1030 | | |
| 84 | 1096 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra \$10 of Home Care Daily Benefit

PREFERRED RATING GROUP

| <u>ISSUE AGE</u> | <u>MAXIMUM= 750 DAYS</u> | <u>MAXIMUM= 1500 DAYS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|------------------------------|-------------------------------|-------------------------------|
| 18-44 | 12 | 16 | 18 |
| 45-49 | 13 | 18 | 20 |
| 50-54 | 14 | 19 | 22 |
| 55-59 | 16 | 23 | 27 |
| 60-64 | 23 | 31 | 35 |
| 65 | 28 | 38 | 43 |
| 66 | 30 | 41 | 46 |
| 67 | 32 | 43 | 49 |
| 68 | 35 | 48 | 54 |
| 69 | 37 | 50 | 57 |
| 70 | 40 | 54 | 62 |
| 71 | 43 | 59 | 68 |
| 72 | 47 | 65 | 74 |
| 73 | 51 | 70 | 80 |
| 74 | 54 | 75 | 86 |
| 75 | 60 | 82 | 93 |
| 76 | 64 | 88 | 101 |
| 77 | 69 | 95 | 108 |
| 78 | 75 | 102 | 116 |
| 79 | 81 | 109 | 124 |
| 80 | 89 | | |
| 81 | 95 | | |
| 82 | 102 | | |
| 83 | 110 | | |
| 84 | 120 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra \$10 of Home Care Daily Benefit

PREFERRED RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 750 DAYS</u> | <u>MAXIMUM= 1500 DAYS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|------------------------------|-------------------------------|-------------------------------|
| 18-44 | 17 | 24 | 27 |
| 45-49 | 20 | 27 | 30 |
| 50-54 | 22 | 30 | 34 |
| 55-59 | 29 | 40 | 45 |
| 60-64 | 37 | 50 | 56 |
| 65 | 41 | 56 | 64 |
| 66 | 44 | 59 | 67 |
| 67 | 46 | 63 | 72 |
| 68 | 48 | 66 | 76 |
| 69 | 53 | 72 | 82 |
| 70 | 56 | 77 | 89 |
| 71 | 61 | 84 | 96 |
| 72 | 67 | 91 | 103 |
| 73 | 70 | 97 | 111 |
| 74 | 77 | 105 | 119 |
| 75 | 82 | 112 | 128 |
| 76 | 87 | 120 | 137 |
| 77 | 94 | 129 | 147 |
| 78 | 100 | 137 | 157 |
| 79 | 107 | 146 | 167 |
| 80 | 115 | | |
| 81 | 122 | | |
| 82 | 130 | | |
| 83 | 139 | | |
| 84 | 150 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra \$10 of Home Care Daily Benefit

PREFERRED RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 750 DAYS</u> | <u>MAXIMUM= 1500 DAYS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|------------------------------|-------------------------------|-------------------------------|
| 18-44 | 22 | 30 | 34 |
| 45-49 | 24 | 33 | 38 |
| 50-54 | 28 | 37 | 42 |
| 55-59 | 33 | 46 | 53 |
| 60-64 | 41 | 57 | 65 |
| 65 | 46 | 64 | 73 |
| 66 | 48 | 67 | 77 |
| 67 | 52 | 71 | 81 |
| 68 | 54 | 75 | 86 |
| 69 | 59 | 81 | 92 |
| 70 | 62 | 85 | 98 |
| 71 | 67 | 92 | 105 |
| 72 | 72 | 98 | 112 |
| 73 | 76 | 105 | 120 |
| 74 | 83 | 113 | 129 |
| 75 | 87 | 120 | 138 |
| 76 | 93 | 129 | 148 |
| 77 | 100 | 137 | 157 |
| 78 | 106 | 146 | 167 |
| 79 | 113 | 156 | 179 |
| 80 | 121 | | |
| 81 | 128 | | |
| 82 | 136 | | |
| 83 | 145 | | |
| 84 | 154 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first \$50 of Home Care Daily Benefit

STANDARD RATING GROUP

| <u>ISSUE AGE</u> | <u>MAXIMUM= 750 DAYS</u> | <u>MAXIMUM= 1500 DAYS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|------------------------------|-------------------------------|-------------------------------|
| 18-44 | 101 | 139 | 158 |
| 45-49 | 113 | 154 | 175 |
| 50-54 | 128 | 174 | 199 |
| 55-59 | 151 | 208 | 236 |
| 60-64 | 201 | 275 | 314 |
| 65 | 246 | 336 | 383 |
| 66 | 263 | 359 | 410 |
| 67 | 281 | 386 | 441 |
| 68 | 305 | 416 | 475 |
| 69 | 328 | 449 | 514 |
| 70 | 354 | 485 | 555 |
| 71 | 384 | 526 | 601 |
| 72 | 415 | 569 | 651 |
| 73 | 449 | 618 | 708 |
| 74 | 485 | 668 | 765 |
| 75 | 525 | 723 | 828 |
| 76 | 569 | 781 | 895 |
| 77 | 616 | 844 | 965 |
| 78 | 668 | 910 | 1038 |
| 79 | 721 | 981 | 1116 |
| 80 | 780 | | |
| 81 | 841 | | |
| 82 | 908 | | |
| 83 | 986 | | |
| 84 | 1065 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first \$50 of Home Care Daily Benefit

STANDARD RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 750 DAYS</u> | <u>MAXIMUM= 1500 DAYS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|------------------------------|-------------------------------|-------------------------------|
| 18-44 | 154 | 210 | 240 |
| 45-49 | 171 | 234 | 266 |
| 50-54 | 198 | 270 | 309 |
| 55-59 | 253 | 346 | 395 |
| 60-64 | 323 | 440 | 503 |
| 65 | 366 | 503 | 574 |
| 66 | 385 | 528 | 603 |
| 67 | 409 | 559 | 639 |
| 68 | 435 | 596 | 683 |
| 69 | 469 | 641 | 733 |
| 70 | 505 | 691 | 789 |
| 71 | 545 | 745 | 851 |
| 72 | 586 | 803 | 916 |
| 73 | 626 | 861 | 986 |
| 74 | 674 | 926 | 1060 |
| 75 | 725 | 995 | 1139 |
| 76 | 780 | 1069 | 1221 |
| 77 | 835 | 1144 | 1308 |
| 78 | 893 | 1223 | 1396 |
| 79 | 955 | 1305 | 1489 |
| 80 | 1019 | | |
| 81 | 1086 | | |
| 82 | 1159 | | |
| 83 | 1243 | | |
| 84 | 1325 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first \$50 of Home Care Daily Benefit

STANDARD RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 750 DAYS</u> | <u>MAXIMUM= 1500 DAYS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|------------------------------|-------------------------------|-------------------------------|
| 18-44 | 191 | 261 | 298 |
| 45-49 | 213 | 290 | 331 |
| 50-54 | 243 | 333 | 380 |
| 55-59 | 299 | 409 | 468 |
| 60-64 | 368 | 505 | 578 |
| 65 | 418 | 570 | 651 |
| 66 | 438 | 598 | 683 |
| 67 | 460 | 629 | 719 |
| 68 | 489 | 669 | 764 |
| 69 | 521 | 714 | 816 |
| 70 | 559 | 765 | 874 |
| 71 | 600 | 820 | 936 |
| 72 | 643 | 880 | 1005 |
| 73 | 683 | 939 | 1076 |
| 74 | 731 | 1004 | 1149 |
| 75 | 784 | 1075 | 1229 |
| 76 | 836 | 1146 | 1311 |
| 77 | 893 | 1223 | 1396 |
| 78 | 949 | 1299 | 1484 |
| 79 | 1009 | 1381 | 1578 |
| 80 | 1073 | | |
| 81 | 1139 | | |
| 82 | 1206 | | |
| 83 | 1288 | | |
| 84 | 1370 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra \$10 of Home Care Daily Benefit

STANDARD RATING GROUP

| <u>ISSUE AGE</u> | <u>MAXIMUM= 750 DAYS</u> | <u>MAXIMUM= 1500 DAYS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|------------------------------|-------------------------------|-------------------------------|
| 18-44 | 15 | 20 | 23 |
| 45-49 | 16 | 23 | 25 |
| 50-54 | 18 | 24 | 28 |
| 55-59 | 20 | 29 | 34 |
| 60-64 | 29 | 39 | 44 |
| 65 | 35 | 48 | 54 |
| 66 | 38 | 51 | 58 |
| 67 | 40 | 54 | 61 |
| 68 | 44 | 60 | 68 |
| 69 | 46 | 63 | 71 |
| 70 | 50 | 68 | 78 |
| 71 | 54 | 74 | 85 |
| 72 | 59 | 81 | 93 |
| 73 | 64 | 88 | 100 |
| 74 | 68 | 94 | 108 |
| 75 | 75 | 103 | 116 |
| 76 | 80 | 110 | 126 |
| 77 | 86 | 119 | 135 |
| 78 | 94 | 128 | 145 |
| 79 | 101 | 136 | 155 |
| 80 | 111 | | |
| 81 | 119 | | |
| 82 | 128 | | |
| 83 | 138 | | |
| 84 | 150 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra \$10 of Home Care Daily Benefit

STANDARD RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| ISSUE AGE | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
|--------------|----------------------|-----------------------|-----------------------|
| 18-44 | 21 | 30 | 34 |
| 45-49 | 25 | 34 | 38 |
| 50-54 | 28 | 38 | 43 |
| 55-59 | 36 | 50 | 56 |
| 60-64 | 46 | 63 | 70 |
| 65 | 51 | 70 | 80 |
| 66 | 55 | 74 | 84 |
| 67 | 58 | 79 | 90 |
| 68 | 60 | 83 | 95 |
| 69 | 66 | 90 | 103 |
| 70 | 70 | 96 | 111 |
| 71 | 76 | 105 | 120 |
| 72 | 84 | 114 | 129 |
| 73 | 88 | 121 | 139 |
| 74 | 96 | 131 | 149 |
| 75 | 103 | 140 | 160 |
| 76 | 109 | 150 | 171 |
| 77 | 118 | 161 | 184 |
| 78 | 125 | 171 | 196 |
| 79 | 134 | 183 | 209 |
| 80 | 144 | | |
| 81 | 153 | | |
| 82 | 163 | | |
| 83 | 174 | | |
| 84 | 188 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra \$10 of Home Care Daily Benefit

STANDARD RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| ISSUE AGE | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
|--------------|----------------------|-----------------------|-----------------------|
| 18-44 | 28 | 38 | 43 |
| 45-49 | 30 | 41 | 48 |
| 50-54 | 35 | 46 | 53 |
| 55-59 | 41 | 58 | 66 |
| 60-64 | 51 | 71 | 81 |
| 65 | 58 | 80 | 91 |
| 66 | 60 | 84 | 96 |
| 67 | 65 | 89 | 101 |
| 68 | 68 | 94 | 108 |
| 69 | 74 | 101 | 115 |
| 70 | 78 | 106 | 123 |
| 71 | 84 | 115 | 131 |
| 72 | 90 | 123 | 140 |
| 73 | 95 | 131 | 150 |
| 74 | 104 | 141 | 161 |
| 75 | 109 | 150 | 173 |
| 76 | 116 | 161 | 185 |
| 77 | 125 | 171 | 196 |
| 78 | 133 | 183 | 209 |
| 79 | 141 | 195 | 224 |
| 80 | 151 | | |
| 81 | 160 | | |
| 82 | 170 | | |
| 83 | 181 | | |
| 84 | 193 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
Other Optional Rider

Guaranteed Insurability Option Rider R1-18884-Series

If Rider R1-18884-Series is present, multiply policy premium by appropriate factor from the following table:

| <u>Issue Age</u> | <u>Factor</u> |
|------------------|---------------|
| 18-44 | 1.15 |
| 45-49 | 1.15 |
| 50-54 | 1.15 |
| 55-59 | 1.15 |
| 60-64 | 1.15 |
| 65 | 1.15 |
| 66 | 1.15 |
| 67 | 1.14 |
| 68 | 1.13 |
| 69 | 1.12 |
| 70 | 1.11 |
| 71 | 1.10 |
| 72 | 1.08 |
| 73 | 1.06 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Standard Rating Group.
Rates for Health Groups II and III are calculated by multiplying Standard rates by 1.20 and 1.40, respectively.

Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| <u>Benefit Maximum</u> | <u>30</u> | <u>60</u> | <u>90</u> | <u>180</u> | <u>365</u> |
|----------------------------|-----------|-----------|-----------|------------|------------|
| 1 year, 2 year | 0.89 | 0.84 | 0.80 | 0.69 | 0.60 |
| 4 year, 6 year | 0.91 | 0.86 | 0.82 | 0.72 | 0.63 |
| Lifetime | 0.93 | 0.89 | 0.86 | 0.78 | 0.70 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy

SPOUSAL DISCOUNT

A 10% discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group.
2. If both spouses apply for coverage simultaneously and are both issued, discount applies to both policies.

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD

| <u>ISSUE AGE</u> | <u>MAXIMUM= 2 YEARS</u> | <u>MAXIMUM= 4 YEARS</u> | <u>MAXIMUM= 6 YEARS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------|
| 18-44 | 14 | 17 | 18 | 21 |
| 45-49 | 15 | 19 | 20 | 23 |
| 50-54 | 20 | 26 | 28 | 31 |
| 55-59 | 27 | 36 | 40 | 44 |
| 60-64 | 45 | 58 | 65 | 71 |
| 65 | 55 | 72 | 81 | 88 |
| 66 | 60 | 78 | 88 | 96 |
| 67 | 65 | 85 | 96 | 105 |
| 68 | 71 | 94 | 105 | 115 |
| 69 | 77 | 102 | 116 | 126 |
| 70 | 85 | 112 | 128 | 138 |
| 71 | 94 | 124 | 140 | 152 |
| 72 | 105 | 139 | 156 | 169 |
| 73 | 116 | 155 | 175 | 189 |
| 74 | 128 | 173 | 196 | 210 |
| 75 | 144 | 194 | 218 | 233 |
| 76 | 160 | 216 | 242 | 258 |
| 77 | 177 | 240 | 269 | 286 |
| 78 | 196 | 266 | 298 | 316 |
| 79 | 215 | 293 | 330 | 349 |
| 80 | 237 | | | |
| 81 | 260 | | | |
| 82 | 284 | | | |
| 83 | 315 | | | |
| 84 | 347 | | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| ISSUE AGE | MAXIMUM= 2 YEARS | MAXIMUM= 4 YEARS | MAXIMUM= 6 YEARS | MAXIMUM= UNLIMITED |
|--------------|---------------------|---------------------|---------------------|-----------------------|
| 18-44 | 21 | 28 | 31 | 35 |
| 45-49 | 24 | 31 | 35 | 39 |
| 50-54 | 31 | 42 | 48 | 54 |
| 55-59 | 43 | 59 | 68 | 77 |
| 60-64 | 66 | 89 | 103 | 115 |
| 65 | 82 | 111 | 128 | 143 |
| 66 | 88 | 120 | 139 | 154 |
| 67 | 96 | 131 | 151 | 167 |
| 68 | 105 | 143 | 166 | 183 |
| 69 | 114 | 156 | 181 | 199 |
| 70 | 125 | 171 | 198 | 217 |
| 71 | 137 | 187 | 217 | 238 |
| 72 | 150 | 207 | 239 | 261 |
| 73 | 165 | 228 | 264 | 287 |
| 74 | 181 | 252 | 291 | 315 |
| 75 | 201 | 278 | 320 | 347 |
| 76 | 220 | 306 | 352 | 381 |
| 77 | 241 | 337 | 386 | 417 |
| 78 | 264 | 369 | 422 | 455 |
| 79 | 286 | 404 | 462 | 496 |
| 80 | 310 | | | |
| 81 | 337 | | | |
| 82 | 363 | | | |
| 83 | 397 | | | |
| 84 | 432 | | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| ISSUE AGE | MAXIMUM= 2 YEARS | MAXIMUM= 4 YEARS | MAXIMUM= 6 YEARS | MAXIMUM= UNLIMITED |
|--------------|---------------------|---------------------|---------------------|-----------------------|
| 18-44 | 29 | 39 | 45 | 50 |
| 45-49 | 32 | 43 | 50 | 55 |
| 50-54 | 43 | 57 | 65 | 73 |
| 55-59 | 56 | 76 | 88 | 98 |
| 60-64 | 81 | 108 | 125 | 138 |
| 65 | 98 | 132 | 153 | 168 |
| 66 | 105 | 142 | 164 | 180 |
| 67 | 112 | 153 | 177 | 195 |
| 68 | 122 | 166 | 191 | 211 |
| 69 | 131 | 179 | 207 | 227 |
| 70 | 142 | 195 | 224 | 246 |
| 71 | 154 | 212 | 244 | 267 |
| 72 | 167 | 231 | 266 | 291 |
| 73 | 182 | 253 | 291 | 317 |
| 74 | 199 | 277 | 319 | 346 |
| 75 | 218 | 303 | 349 | 377 |
| 76 | 238 | 332 | 380 | 411 |
| 77 | 259 | 362 | 415 | 447 |
| 78 | 281 | 394 | 451 | 485 |
| 79 | 303 | 429 | 491 | 526 |
| 80 | 328 | | | |
| 81 | 353 | | | |
| 82 | 379 | | | |
| 83 | 413 | | | |
| 84 | 446 | | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD

| <u>ISSUE AGE</u> | <u>MAXIMUM= 2 YEARS</u> | <u>MAXIMUM= 4 YEARS</u> | <u>MAXIMUM= 6 YEARS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------|
| 18-44 | 18 | 21 | 23 | 26 |
| 45-49 | 19 | 24 | 25 | 29 |
| 50-54 | 25 | 33 | 35 | 39 |
| 55-59 | 34 | 45 | 50 | 55 |
| 60-64 | 56 | 73 | 81 | 89 |
| 65 | 69 | 90 | 101 | 110 |
| 66 | 75 | 98 | 110 | 120 |
| 67 | 81 | 106 | 120 | 131 |
| 68 | 89 | 118 | 131 | 144 |
| 69 | 96 | 128 | 145 | 158 |
| 70 | 106 | 140 | 160 | 173 |
| 71 | 118 | 155 | 175 | 190 |
| 72 | 131 | 174 | 195 | 211 |
| 73 | 145 | 194 | 219 | 236 |
| 74 | 160 | 216 | 245 | 263 |
| 75 | 180 | 243 | 273 | 291 |
| 76 | 200 | 270 | 303 | 323 |
| 77 | 221 | 300 | 336 | 358 |
| 78 | 245 | 333 | 373 | 395 |
| 79 | 269 | 366 | 413 | 436 |
| 80 | 296 | | | |
| 81 | 325 | | | |
| 82 | 355 | | | |
| 83 | 394 | | | |
| 84 | 434 | | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| ISSUE AGE | MAXIMUM= 2 YEARS | MAXIMUM= 4 YEARS | MAXIMUM= 6 YEARS | MAXIMUM= UNLIMITED |
|--------------|---------------------|---------------------|---------------------|-----------------------|
| 18-44 | 26 | 35 | 39 | 44 |
| 45-49 | 30 | 39 | 44 | 49 |
| 50-54 | 39 | 53 | 60 | 68 |
| 55-59 | 54 | 74 | 85 | 96 |
| 60-64 | 83 | 111 | 129 | 144 |
| 65 | 103 | 139 | 160 | 179 |
| 66 | 110 | 150 | 174 | 193 |
| 67 | 120 | 164 | 189 | 209 |
| 68 | 131 | 179 | 208 | 229 |
| 69 | 143 | 195 | 226 | 249 |
| 70 | 156 | 214 | 248 | 271 |
| 71 | 171 | 234 | 271 | 298 |
| 72 | 188 | 259 | 299 | 326 |
| 73 | 206 | 285 | 330 | 359 |
| 74 | 226 | 315 | 364 | 394 |
| 75 | 251 | 348 | 400 | 434 |
| 76 | 275 | 383 | 440 | 476 |
| 77 | 301 | 421 | 483 | 521 |
| 78 | 330 | 461 | 528 | 569 |
| 79 | 358 | 505 | 578 | 620 |
| 80 | 388 | | | |
| 81 | 421 | | | |
| 82 | 454 | | | |
| 83 | 496 | | | |
| 84 | 540 | | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit .

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 2 YEARS</u> | <u>MAXIMUM= 4 YEARS</u> | <u>MAXIMUM= 6 YEARS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------|
| 18-44 | 36 | 49 | 56 | 63 |
| 45-49 | 40 | 54 | 63 | 69 |
| 50-54 | 54 | 71 | 81 | 91 |
| 55-59 | 70 | 95 | 110 | 123 |
| 60-64 | 101 | 135 | 156 | 173 |
| 65 | 123 | 165 | 191 | 210 |
| 66 | 131 | 178 | 205 | 225 |
| 67 | 140 | 191 | 221 | 244 |
| 68 | 153 | 208 | 239 | 264 |
| 69 | 164 | 224 | 259 | 284 |
| 70 | 178 | 244 | 280 | 308 |
| 71 | 193 | 265 | 305 | 334 |
| 72 | 209 | 289 | 333 | 364 |
| 73 | 228 | 316 | 364 | 396 |
| 74 | 249 | 346 | 399 | 433 |
| 75 | 273 | 379 | 436 | 471 |
| 76 | 298 | 415 | 475 | 514 |
| 77 | 324 | 453 | 519 | 559 |
| 78 | 351 | 493 | 564 | 606 |
| 79 | 379 | 536 | 614 | 658 |
| 80 | 410 | | | |
| 81 | 441 | | | |
| 82 | 474 | | | |
| 83 | 516 | | | |
| 84 | 558 | | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit

0 DAY ELIMINATION PERIOD
1 YEAR BENEFIT PERIOD FOR AGES 80-84

| ISSUE AGE | WITH NO AUTOMATIC INCREASE | |
|--------------|----------------------------|----------|
| | PREFERRED | STANDARD |
| 80 | 166 | 208 |
| 81 | 183 | 229 |
| 82 | 199 | 249 |
| 83 | 221 | 277 |
| 84 | 243 | 304 |

| ISSUE AGE | WITH SIMPLE AUTOMATIC INCREASE | |
|--------------|--------------------------------|----------|
| | PREFERRED | STANDARD |
| 80 | 217 | 271 |
| 81 | 236 | 295 |
| 82 | 254 | 318 |
| 83 | 278 | 348 |
| 84 | 302 | 378 |

| ISSUE AGE | WITH COMPOUND AUTOMATIC INCREASE | |
|--------------|----------------------------------|----------|
| | PREFERRED | STANDARD |
| 80 | 230 | 288 |
| 81 | 248 | 310 |
| 82 | 265 | 331 |
| 83 | 289 | 361 |
| 84 | 312 | 390 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first \$50 of Home Care Daily Benefit

PREFERRED RATING GROUP

| <u>ISSUE AGE</u> | <u>MAXIMUM= 750 DAYS</u> | <u>MAXIMUM= 1500 DAYS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|------------------------------|-------------------------------|-------------------------------|
| 18-44 | 81 | 111 | 126 |
| 45-49 | 90 | 123 | 140 |
| 50-54 | 102 | 139 | 159 |
| 55-59 | 121 | 166 | 189 |
| 60-64 | 161 | 220 | 251 |
| 65 | 197 | 269 | 306 |
| 66 | 210 | 287 | 328 |
| 67 | 225 | 309 | 353 |
| 68 | 244 | 333 | 380 |
| 69 | 262 | 359 | 411 |
| 70 | 283 | 388 | 444 |
| 71 | 307 | 421 | 481 |
| 72 | 332 | 455 | 521 |
| 73 | 359 | 494 | 566 |
| 74 | 388 | 534 | 612 |
| 75 | 420 | 578 | 662 |
| 76 | 455 | 625 | 716 |
| 77 | 493 | 675 | 772 |
| 78 | 534 | 728 | 830 |
| 79 | 577 | 785 | 893 |
| 80 | 624 | | |
| 81 | 673 | | |
| 82 | 726 | | |
| 83 | 789 | | |
| 84 | 852 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first \$50 of Home Care Daily Benefit

PREFERRED RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 750 DAYS</u> | <u>MAXIMUM= 1500 DAYS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|------------------------------|-------------------------------|-------------------------------|
| 18-44 | 123 | 168 | 192 |
| 45-49 | 137 | 187 | 213 |
| 50-54 | 158 | 216 | 247 |
| 55-59 | 202 | 277 | 316 |
| 60-64 | 258 | 352 | 402 |
| 65 | 293 | 402 | 459 |
| 66 | 308 | 422 | 482 |
| 67 | 327 | 447 | 511 |
| 68 | 348 | 477 | 546 |
| 69 | 375 | 513 | 586 |
| 70 | 404 | 553 | 631 |
| 71 | 436 | 596 | 681 |
| 72 | 469 | 642 | 733 |
| 73 | 501 | 689 | 789 |
| 74 | 539 | 741 | 848 |
| 75 | 580 | 796 | 911 |
| 76 | 624 | 855 | 977 |
| 77 | 668 | 915 | 1046 |
| 78 | 714 | 978 | 1117 |
| 79 | 764 | 1044 | 1191 |
| 80 | 815 | | |
| 81 | 869 | | |
| 82 | 927 | | |
| 83 | 994 | | |
| 84 | 1060 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first \$50 of Home Care Daily Benefit

PREFERRED RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| ISSUE AGE | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
|--------------|----------------------|-----------------------|-----------------------|
| 18-44 | 153 | 209 | 238 |
| 45-49 | 170 | 232 | 265 |
| 50-54 | 194 | 266 | 304 |
| 55-59 | 239 | 327 | 374 |
| 60-64 | 294 | 404 | 462 |
| 65 | 334 | 456 | 521 |
| 66 | 350 | 478 | 546 |
| 67 | 368 | 503 | 575 |
| 68 | 391 | 535 | 611 |
| 69 | 417 | 571 | 653 |
| 70 | 447 | 612 | 699 |
| 71 | 480 | 656 | 749 |
| 72 | 514 | 704 | 804 |
| 73 | 546 | 751 | 861 |
| 74 | 585 | 803 | 919 |
| 75 | 627 | 860 | 983 |
| 76 | 669 | 917 | 1049 |
| 77 | 714 | 978 | 1117 |
| 78 | 759 | 1039 | 1187 |
| 79 | 807 | 1105 | 1262 |
| 80 | 858 | | |
| 81 | 911 | | |
| 82 | 965 | | |
| 83 | 1030 | | |
| 84 | 1096 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra \$10 of Home Care Daily Benefit

PREFERRED RATING GROUP

| ISSUE AGE | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
|--------------|----------------------|-----------------------|-----------------------|
| 18-44 | 12 | 16 | 18 |
| 45-49 | 13 | 18 | 20 |
| 50-54 | 14 | 19 | 22 |
| 55-59 | 16 | 23 | 27 |
| 60-64 | 23 | 31 | 35 |
| 65 | 28 | 38 | 43 |
| 66 | 30 | 41 | 46 |
| 67 | 32 | 43 | 49 |
| 68 | 35 | 48 | 54 |
| 69 | 37 | 50 | 57 |
| 70 | 40 | 54 | 62 |
| 71 | 43 | 59 | 68 |
| 72 | 47 | 65 | 74 |
| 73 | 51 | 70 | 80 |
| 74 | 54 | 75 | 86 |
| 75 | 60 | 82 | 93 |
| 76 | 64 | 88 | 101 |
| 77 | 69 | 95 | 108 |
| 78 | 75 | 102 | 116 |
| 79 | 81 | 109 | 124 |
| 80 | 89 | | |
| 81 | 95 | | |
| 82 | 102 | | |
| 83 | 110 | | |
| 84 | 120 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra \$10 of Home Care Daily Benefit

PREFERRED RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| ISSUE AGE | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
|--------------|----------------------|-----------------------|-----------------------|
| 18-44 | 17 | 24 | 27 |
| 45-49 | 20 | 27 | 30 |
| 50-54 | 22 | 30 | 34 |
| 55-59 | 29 | 40 | 45 |
| 60-64 | 37 | 50 | 56 |
| 65 | 41 | 56 | 64 |
| 66 | 44 | 59 | 67 |
| 67 | 46 | 63 | 72 |
| 68 | 48 | 66 | 76 |
| 69 | 53 | 72 | 82 |
| 70 | 56 | 77 | 89 |
| 71 | 61 | 84 | 96 |
| 72 | 67 | 91 | 103 |
| 73 | 70 | 97 | 111 |
| 74 | 77 | 105 | 119 |
| 75 | 82 | 112 | 128 |
| 76 | 87 | 120 | 137 |
| 77 | 94 | 129 | 147 |
| 78 | 100 | 137 | 157 |
| 79 | 107 | 146 | 167 |
| 80 | 115 | | |
| 81 | 122 | | |
| 82 | 130 | | |
| 83 | 139 | | |
| 84 | 150 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra \$10 of Home Care Daily Benefit

PREFERRED RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| ISSUE AGE | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
|--------------|----------------------|-----------------------|-----------------------|
| 18-44 | 22 | 30 | 34 |
| 45-49 | 24 | 33 | 38 |
| 50-54 | 28 | 37 | 42 |
| 55-59 | 33 | 46 | 53 |
| 60-64 | 41 | 57 | 65 |
| 65 | 46 | 64 | 73 |
| 66 | 48 | 67 | 77 |
| 67 | 52 | 71 | 81 |
| 68 | 54 | 75 | 86 |
| 69 | 59 | 81 | 92 |
| 70 | 62 | 85 | 98 |
| 71 | 67 | 92 | 105 |
| 72 | 72 | 98 | 112 |
| 73 | 76 | 105 | 120 |
| 74 | 83 | 113 | 129 |
| 75 | 87 | 120 | 138 |
| 76 | 93 | 129 | 148 |
| 77 | 100 | 137 | 157 |
| 78 | 106 | 146 | 167 |
| 79 | 113 | 156 | 179 |
| 80 | 121 | | |
| 81 | 128 | | |
| 82 | 136 | | |
| 83 | 145 | | |
| 84 | 154 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first \$50 of Home Care Daily Benefit

STANDARD RATING GROUP

| ISSUE AGE | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
|--------------|----------------------|-----------------------|-----------------------|
| 18-44 | 101 | 139 | 158 |
| 45-49 | 113 | 154 | 175 |
| 50-54 | 128 | 174 | 199 |
| 55-59 | 151 | 208 | 236 |
| 60-64 | 201 | 275 | 314 |
| 65 | 246 | 336 | 383 |
| 66 | 263 | 359 | 410 |
| 67 | 281 | 386 | 441 |
| 68 | 305 | 416 | 475 |
| 69 | 328 | 449 | 514 |
| 70 | 354 | 485 | 555 |
| 71 | 384 | 526 | 601 |
| 72 | 415 | 569 | 651 |
| 73 | 449 | 618 | 708 |
| 74 | 485 | 668 | 765 |
| 75 | 525 | 723 | 828 |
| 76 | 569 | 781 | 895 |
| 77 | 616 | 844 | 965 |
| 78 | 668 | 910 | 1038 |
| 79 | 721 | 981 | 1116 |
| 80 | 780 | | |
| 81 | 841 | | |
| 82 | 908 | | |
| 83 | 986 | | |
| 84 | 1065 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first \$50 of Home Care Daily Benefit

STANDARD RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 750 DAYS</u> | <u>MAXIMUM= 1500 DAYS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|------------------------------|-------------------------------|-------------------------------|
| 18-44 | 154 | 210 | 240 |
| 45-49 | 171 | 234 | 266 |
| 50-54 | 198 | 270 | 309 |
| 55-59 | 253 | 346 | 395 |
| 60-64 | 323 | 440 | 503 |
| 65 | 366 | 503 | 574 |
| 66 | 385 | 528 | 603 |
| 67 | 409 | 559 | 639 |
| 68 | 435 | 596 | 683 |
| 69 | 469 | 641 | 733 |
| 70 | 505 | 691 | 789 |
| 71 | 545 | 745 | 851 |
| 72 | 586 | 803 | 916 |
| 73 | 626 | 861 | 986 |
| 74 | 674 | 926 | 1060 |
| 75 | 725 | 995 | 1139 |
| 76 | 780 | 1069 | 1221 |
| 77 | 835 | 1144 | 1308 |
| 78 | 893 | 1223 | 1396 |
| 79 | 955 | 1305 | 1489 |
| 80 | 1019 | | |
| 81 | 1086 | | |
| 82 | 1159 | | |
| 83 | 1243 | | |
| 84 | 1325 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first \$50 of Home Care Daily Benefit

STANDARD RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| ISSUE AGE | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
|--------------|----------------------|-----------------------|-----------------------|
| 18-44 | 191 | 261 | 298 |
| 45-49 | 213 | 290 | 331 |
| 50-54 | 243 | 333 | 380 |
| 55-59 | 299 | 409 | 468 |
| 60-64 | 368 | 505 | 578 |
| 65 | 418 | 570 | 651 |
| 66 | 438 | 598 | 683 |
| 67 | 460 | 629 | 719 |
| 68 | 489 | 669 | 764 |
| 69 | 521 | 714 | 816 |
| 70 | 559 | 765 | 874 |
| 71 | 600 | 820 | 936 |
| 72 | 643 | 880 | 1005 |
| 73 | 683 | 939 | 1076 |
| 74 | 731 | 1004 | 1149 |
| 75 | 784 | 1075 | 1229 |
| 76 | 836 | 1146 | 1311 |
| 77 | 893 | 1223 | 1396 |
| 78 | 949 | 1299 | 1484 |
| 79 | 1009 | 1381 | 1578 |
| 80 | 1073 | | |
| 81 | 1139 | | |
| 82 | 1206 | | |
| 83 | 1288 | | |
| 84 | 1370 | | |

CONTINENTAL CASUALTY COMPANY
 Rate Sheet For P1-18876-A87
 Long-Term Care Policy
 HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
 Annual Premium for extra \$10 of Home Care Daily Benefit

STANDARD RATING GROUP

| ISSUE AGE | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
|--------------|----------------------|-----------------------|-----------------------|
| 18-44 | 15 | 20 | 23 |
| 45-49 | 16 | 23 | 25 |
| 50-54 | 18 | 24 | 28 |
| 55-59 | 20 | 29 | 34 |
| 60-64 | 29 | 39 | 44 |
| 65 | 35 | 48 | 54 |
| 66 | 38 | 51 | 58 |
| 67 | 40 | 54 | 61 |
| 68 | 44 | 60 | 68 |
| 69 | 46 | 63 | 71 |
| 70 | 50 | 68 | 78 |
| 71 | 54 | 74 | 85 |
| 72 | 59 | 81 | 93 |
| 73 | 64 | 88 | 100 |
| 74 | 68 | 94 | 108 |
| 75 | 75 | 103 | 116 |
| 76 | 80 | 110 | 126 |
| 77 | 86 | 119 | 135 |
| 78 | 94 | 128 | 145 |
| 79 | 101 | 136 | 155 |
| 80 | 111 | | |
| 81 | 119 | | |
| 82 | 128 | | |
| 83 | 138 | | |
| 84 | 150 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra \$10 of Home Care Daily Benefit

STANDARD RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| ISSUE AGE | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
|--------------|----------------------|-----------------------|-----------------------|
| 18-44 | 21 | 30 | 34 |
| 45-49 | 25 | 34 | 38 |
| 50-54 | 28 | 38 | 43 |
| 55-59 | 36 | 50 | 56 |
| 60-64 | 46 | 63 | 70 |
| 65 | 51 | 70 | 80 |
| 66 | 55 | 74 | 84 |
| 67 | 58 | 79 | 90 |
| 68 | 60 | 83 | 95 |
| 69 | 66 | 90 | 103 |
| 70 | 70 | 96 | 111 |
| 71 | 76 | 105 | 120 |
| 72 | 84 | 114 | 129 |
| 73 | 88 | 121 | 139 |
| 74 | 96 | 131 | 149 |
| 75 | 103 | 140 | 160 |
| 76 | 109 | 150 | 171 |
| 77 | 118 | 161 | 184 |
| 78 | 125 | 171 | 196 |
| 79 | 134 | 183 | 209 |
| 80 | 144 | | |
| 81 | 153 | | |
| 82 | 163 | | |
| 83 | 174 | | |
| 84 | 188 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra \$10 of Home Care Daily Benefit

STANDARD RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| <u>ISSUE AGE</u> | <u>MAXIMUM= 750 DAYS</u> | <u>MAXIMUM= 1500 DAYS</u> | <u>MAXIMUM= UNLIMITED</u> |
|----------------------|------------------------------|-------------------------------|-------------------------------|
| 18-44 | 28 | 38 | 43 |
| 45-49 | 30 | 41 | 48 |
| 50-54 | 35 | 46 | 53 |
| 55-59 | 41 | 58 | 66 |
| 60-64 | 51 | 71 | 81 |
| 65 | 58 | 80 | 91 |
| 66 | 60 | 84 | 96 |
| 67 | 65 | 89 | 101 |
| 68 | 68 | 94 | 108 |
| 69 | 74 | 101 | 115 |
| 70 | 78 | 106 | 123 |
| 71 | 84 | 115 | 131 |
| 72 | 90 | 123 | 140 |
| 73 | 95 | 131 | 150 |
| 74 | 104 | 141 | 161 |
| 75 | 109 | 150 | 173 |
| 76 | 116 | 161 | 185 |
| 77 | 125 | 171 | 196 |
| 78 | 133 | 183 | 209 |
| 79 | 141 | 195 | 224 |
| 80 | 151 | | |
| 81 | 160 | | |
| 82 | 170 | | |
| 83 | 181 | | |
| 84 | 193 | | |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Standard Rating Group.
Rates for Health Groups II and III are calculated by multiplying Standard
rates by 1.20 and 1.40, respectively.

Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination
periods are calculated by multiplying the 0 day rates by the appropriate
factor from the following table:

| Benefit Maximum | <u>30</u> | <u>60</u> | <u>90</u> | <u>180</u> | <u>365</u> |
|--------------------|-----------|-----------|-----------|------------|------------|
| 1 year, 2 year | 0.89 | 0.84 | 0.80 | 0.69 | 0.60 |
| 4 year, 6 year | 0.91 | 0.86 | 0.82 | 0.72 | 0.63 |
| Lifetime | 0.93 | 0.89 | 0.86 | 0.78 | 0.70 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy

FRANCHISE ASSOCIATION FACTORS

- A. The rates will be multiplied by a factor of .90 if the following conditions are met:

For Associations of 200 lives or more:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.

- B. The rates will be multiplied by a factor of .95 if the following conditions are met:

For Associations of less than 200 lives:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.

SPOUSAL DISCOUNT

- A 10% discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group.
2. If both spouses apply for coverage simultaneously and are both issued, discount applies to both policies.

| | | | |
|-----------------------------|---|------------------------|------------------------------|
| State: | Pennsylvania | Filing Company: | Continental Casualty Company |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | |

Supporting Document Schedules

| | |
|-------------------------|---|
| Bypassed - Item: | Transmittal Letter (A&H) |
| Bypass Reason: | Not required for this rate increase filing. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|--|
| Satisfied - Item: | Actuarial Certification (A&H) |
| Comments: | The required Certification can be found in the Actuarial Memorandum. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|--|
| Satisfied - Item: | Actuarial Memorandum and Explanatory Information (A&H) |
| Comments: | Please see attached. |
| Attachment(s): | 20201231 - Actuarial Memorandum - OP Gen1 (LTC1 PC) - PA.pdf Exhibits 1a-4a (PA LTC1 Infl LT).pdf Exhibits 1b-4b (PA PC Infl LT).pdf 20201231 - Cover Letter - OP Gen1 (LTC1 PC) - PA.pdf |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|---|
| Bypassed - Item: | Advertisements (A&H) |
| Bypass Reason: | There are no advertisements in this filing. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|-----------------------------|
| Bypassed - Item: | Authorization to File (A&H) |
| Bypass Reason: | The insurer is the filer. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|--|
| Bypassed - Item: | Insert Page Explanation (A&H) |
| Bypass Reason: | This filing does not contain insert pages. |
| Attachment(s): | |

| | | | |
|-----------------------------|---|------------------------|------------------------------|
| State: | Pennsylvania | Filing Company: | Continental Casualty Company |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | |

| | |
|--------------------------|--|
| Item Status: | |
| Status Date: | |
| Bypassed - Item: | Rate Table (A&H) |
| Bypass Reason: | No new forms are being submitted. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |
| Bypassed - Item: | Replacement Form with Highlighted Changes (A&H) |
| Bypass Reason: | This is not a form filing. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |
| Bypassed - Item: | Advertisement Compliance Certification |
| Bypass Reason: | There are no advertisements in this filing. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |
| Bypassed - Item: | Reserve Calculation (A&H) |
| Bypass Reason: | Not required for this rate increase filing. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |
| Bypassed - Item: | Variability Explanation (A&H) |
| Bypass Reason: | This is not a form filing. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |
| Satisfied - Item: | Response to 2/26/2022 Note To Filer |
| Comments: | |
| Attachment(s): | Exhibits 1a-4a (PA LTC1 Infl LT).xlsx Exhibits 1b-4b (PA PC Infl LT).xlsx |
| Item Status: | |

| | | | |
|-----------------------------|---|------------------------|------------------------------|
| State: | Pennsylvania | Filing Company: | Continental Casualty Company |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | |

| | |
|--------------------------|---|
| Status Date: | |
| Satisfied - Item: | Response to 3/14/2022 Objection Letter |
| Comments: | |
| Attachment(s): | Response to Objection Letter (03.14.2022) - PA OP Gen1.pdf Item 1 – Exhibit 3a_Original Rate Level.xlsx Item 4 – Exhibit 3b_Original Rate Level.xlsx Item 7 - State Status Listing - OP Gen1 (as of 05.03.2022).xlsx Item 8 – Notification_ILTC_NoRI_NW_2021 11042021.pdf Item 8 – Notification_ILTC_RI_NW_2021 11042021.pdf |
| Item Status: | |
| Status Date: | |
| Satisfied - Item: | Response to 7/13/2022 Objection Letter - Acceptance Letter |
| Comments: | |
| Attachment(s): | Response to Objection Letter (20220713) - PA OP Gen1 CNAB-133114867.pdf PA Seriatim Insured - GEN1 Final.xlsx PA Cost of Waiting Analysis - Both GEN1 & GEN2.pdf LTC1 - Infl LT - NW Equivalent LLR - 2 Year Increase.pdf |
| Item Status: | |
| Status Date: | |

| | | | |
|----------------------|---|-----------------|------------------------------|
| State: | Pennsylvania | Filing Company: | Continental Casualty Company |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | |

Attachment Exhibits 1a-4a (PA LTC1 Infl LT).xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibits 1b-4b (PA PC Infl LT).xlsx is not a PDF document and cannot be reproduced here.

Attachment Item 1 Exhibit 3a_Original Rate Level.xlsx is not a PDF document and cannot be reproduced here.

Attachment Item 4 Exhibit 3b_Original Rate Level.xlsx is not a PDF document and cannot be reproduced here.

Attachment Item 7 - State Status Listing - OP Gen1 (as of 05.03.2022).xlsx is not a PDF document and cannot be reproduced here.

Attachment PA Seriatim Insured - GEN1 Final.xlsx is not a PDF document and cannot be reproduced here.

**Continental Casualty Company (“CCC”)
Actuarial Memorandum
In Support of a Premium Rate Increase Request
Pennsylvania**

The following individual long term care policy forms subject to this rate increase request were originally issued nationwide from 1990 to 1999:

| Product Portfolio | Issue Date Range | Policy Form |
|-------------------|------------------|-------------------|
| LTC 1 | 1990 to 1998 | P1-15203-A37/-A87 |
| Premier/Classic | 1993 to 1999 | P1-18215-A37/-A87 |
| | | P1-18876-A37/-A87 |

1. Purpose and Justification of Filing

The purpose of this memorandum is to provide actuarial information supporting CCC’s request for a rate increase for the above-listed policy forms. The rate increase request varies by benefit period and automatic increase benefit (AIB) rider as follows:

| LTC1 | Policies with AIB Rider | Policies without AIB Rider |
|---------------------------------|-------------------------|----------------------------|
| Unlimited Lifetime Max Benefits | 34.5% | 0.0% |
| Non-Lifetime Max Benefits | 0.0% | 0.0% |

| Premier/Classic | Policies with AIB Rider | Policies without AIB Rider |
|---------------------------------|-------------------------|----------------------------|
| Unlimited Lifetime Max Benefits | 27.3% | 0.0% |
| Non-Lifetime Max Benefits | 0.0% | 0.0% |

Please see the Supplement to Rate Sheet for details on the implementation schedule.

This rate increase is requested in order to establish premium rates that are reasonable in relation to benefits based on actual historical experience and best-estimate projections for these forms. This rate filing is not intended to be used for other purposes.

Upon approval of this rate revision, CCC will communicate to insureds their options to reduce the impact of the rate increase. These options may include increasing the elimination period, reducing the lifetime maximum, reducing the daily benefit or eliminating optional riders.

Because the requested rate increase applies to policies with an AIB rider, insureds with an AIB rider who choose to drop it (i.e. Freeze and Drop) will:

- Not be subject to the AIB rate increase;
- Retain their inflated benefits as of the effective date of the coverage change; and
- Be charged an original issue age premium based on the original non-inflated benefits.

Available options will depend upon the insured's current coverage levels, benefit options available under their specific policy form, and any statutory minimum benefit levels in your state.

In addition, the Company is making a number of alternative options available for all insureds in conjunction with this rate increase. The first option provides an Increased Contingent Non-Forfeiture ("ICNF") benefit upon lapse. If this benefit is elected by the insured, the insured will not have to pay prospective premium, and their remaining benefit pool amount will equate to 150% of lifetime premiums paid, capped at current remaining lifetime benefits.

The second option that is being offered to insureds is the "Surrender Option". If this option is elected by the insured, the insured will surrender their policy in return for a one-time cash payment from the Company. The amount of the one-time cash surrender payment is equal to the unisex-adjusted statutory active life reserve held for the specific insured.

Both of the above alternative options will be offered to all insureds in your state (those with and without AIB riders), regardless of whether or not they receive a rate increase, in order to ensure fairness within the product portfolio. If a policy lapses due to non-payment of premiums without notifying the Company of the insured's intention to elect any of the above options, the insured's coverage will default to a standard 100% CNF benefit.

Please note:

- The requested rate increase amount is less than the amount CCC can justify; and
- CCC will continue to monitor the experience of this block and will react accordingly to experience development.

2. Description of Benefits

All of the forms are guaranteed renewable individual long term care policies sold through non-captive agents. Additional details for each product portfolio are shown below.

LTC 1 (P1-15203-Series, P1-16356-Series, P1-16928-Series, P1-16944-Series)

- P1-15203-Series pays for care in a long term care facility when either medically necessary or due to the inability to perform two or more activities of daily living or due to cognitive impairment. The policy does not require a prior hospitalization stay to qualify for benefits. The long term care daily benefit amount is paid for each day of eligible confinement during a period of care that occurs after the elimination period and during the benefit period. The benefit periods offered were one year (for ages 80-84), two years, four years, six years or unlimited. The policy does not have an aggregate lifetime maximum but benefit periods can fully restore subject to the conditions listed in the policy. The policy includes a waiver of premium benefit, a bed reservation benefit and an alternate plan of care benefit.
- *Optional Benefits:* Optional benefit riders offered: home health care rider and automatic increase rider.
- P1-16356-Series is identical to P1-15203-Series except that it provides a return of premium benefit.
- P1-16928-Series is a state variation of P1-15203-Series but provides for nursing home only benefits and P1-16944-Series is identical to P1-16928-Series except that it provides a return of premium benefit.

Premier/Classic (P1-18215-Series, P1-18220-Series, P1-18876-Series, P1-18878-Series)

- P1-18215-Series and P1-18220-Series: These forms provide long term care and home health care benefits. Benefits are limited to the policy's lifetime maximum, which is equal to the following multipliers times the daily benefit amount: 365x (ages 80-84), 730x, 1,460x, or unlimited. Benefit eligibility requires inability to perform two or more activities of daily living or due to cognitive impairment.
- *Long Term Care Benefits:* This policy pays up to the long term care daily benefit amount, as shown on insured's policy schedule, for each day of long term care confinement limited to the benefit lifetime maximum.
- *Home Health Care Benefits:* Pays 100% of the expenses incurred each day for therapist or nurse, 80% of the expenses incurred for home health aide, medical social worker or homemaker and 80% of expenses incurred each day of care for adult day care or alternate care facility. The total benefits payable each day for home health care benefits is limited to the daily benefit amount shown on the insured's schedule (either 100% or 50% of the long term care daily benefit amount, selected at issue) and subject to the policy's benefit lifetime maximum.
- *Other benefits:* The policy includes a bed reservation, waiver of premium and an alternate plan of care benefit.

- *Optional benefits:* Automatic increase rider and benefit eligibility amendment rider.
- P1-18220-Series is identical to P1-18215-Series except that it provides a return of premium benefit.
- P1-18876-Series & P1-18878-Series: These forms provide long term care and home health care benefits with separate lifetime limits.
- *Long Term Care Benefits:* This policy pays the long term care daily benefit amount, as shown on the insured's policy schedule, for each day of long term care confinement limited to the benefit period selected. The insured could select two years, four years, six years, and unlimited for a benefit period if their issue age was 18-79 and one or two years if ages were 80-84. The policy includes a bed reservation benefit.
- *Home Health Care Benefits:* This policy has an optional home & community-based care benefit rider that pays 100% of the expenses incurred each day for therapist or nurse, 80% of the expenses incurred for home health aide, medical social worker or homemaker and 80% of expenses incurred each day of care for adult day care or alternate care facility. The total benefits payable each day for home health care benefits is limited to the daily home health care benefit amount shown on the insured's schedule, limited to the benefit period selected for the home health care rider. The benefit periods available were two years, five years, and unlimited for issue ages 18-79 and two years for issue ages 80-84.
- *Optional benefits:* Besides the home health care rider noted above, the policy offered optional automatic increase riders.
- *Optional benefits:* Besides the home health care rider noted above, the policy offered optional automatic increase riders.
- Policy P1-18878-Series is identical to P1-18876-Series except that it provides a return of premium benefit.

3. Renewability

These forms provide the insured guaranteed renewable individual long term care coverage.

4. Applicability of Rate Increase

This filing applies to in-force insureds only, as these forms are no longer being marketed. The premium change will apply to the base forms and all riders associated with the base forms for policies.

5. Experience Study and Actuarial Assumptions

This section provides a summary of the results of the annual experience study, along with the resulting assumptions utilized in the projection model. The liability assumptions below are consistent with the assumptions being used in the Company's reserve adequacy and asset adequacy testing. It is noted that some actual to expected ("A/E") analysis tables in this section have A/E ratios other than 100%. In order to reduce year over year volatility, if A/E results from the experience study are within an internal target range, the assumption will not be revised from the prior year's assumption.

Morbidity Overview

CNA has a sizeable block of LTC policies with a robust and credible amount of claims experience. As such, the 2020 morbidity study used experience from 2009 to 2019 to develop frequency and severity (claim utilization, disabled life mortality, and claim recovery) assumptions. CNA assesses morbidity experience separately for the Individual Long-Term Care (ILTC), State Farm (SF), and Group Long-Term Care (GLTC) blocks of business. Furthermore, any variation in assumption by different policyholder characteristics (i.e. gender) is based on company experience where meaningful variation has existed and is expected to continue in the future.

Assumptions are set at a granular level to provide the best possible fit to experience. A dynamic validation is then performed to ensure that assumptions provide a reasonable fit in the aggregate. The dynamic validation was performed by modeling best-estimate assumptions with inforce liability data as of December 31, 2018 to see how well the assumptions would replicate actual historical experience.

For policyholders aged 85 and older, CNA has approximately over 350K exposure years and over 35K claims. For older attained ages with less credible data, CNA has set incidence, claim recovery and utilization assumptions using age bands where assumptions do not vary beyond a certain age threshold. Disabled life mortality varies by attained age and is based on a 2012 IAM mortality table for attained ages 0 to 100 and based on the maximum of 2000 Annuity and 2012 IAM for attained ages 100 and older. Impairment factors by attained age are applied to this table to account for the higher mortality rates associated with disabled lives compared to healthy lives.

Morbidity experience can vary from carrier to carrier based on policy language, claim adjudication practices and rate increase programs undertaken. None of these differences are captured in industry studies. Given the fact that CNA has credible and robust claims experience, assumptions were set entirely based on company experience and were not directly compared to industry data.

The ILTC block is past its peak number of claims so the number of new incurred claims has been slowing. GLTC is a younger block and the number of new incurred claims is expected to continue to increase over the next twenty to thirty years. Also, within the study period mentioned above, CNA has implemented ILTC and GLTC rate increases on both ILTC and GLTC, which has temporarily increased incidence due to anti-selection.

The amount of new incurred claim dollars has increased over the recent past due to increases in the cost of care. Incurred claim dollars are expected to continue to increase for both ILTC and GLTC over the near to mid-term.

CNA has granular assumptions which allows for variation in lapse rates. One variation that is worth noting is the assumption that lapse rates are expected to be lower for policies with richer benefits (i.e. policies with longer benefit periods and with contractual inflation). Therefore, as the block ages, there is an expectation that the policies that persist will naturally have longer lengths of stay with higher severity as the mix shift changes over time. Also assumed in the claim utilization assumption is an expectation of rising cost of care inflation which will also lead to higher severity of claims over time.

Claim Incidence

The frequency of claim is the probability that a healthy insured will go into disabled status, also known as 'claim incidence'. The final incidence rate that gets modeled is comprised of a base incidence table, adjustment factors based on policy features and demographics, and adjustments for policyholder behavior to rate actions.

Base Incidence Actual to Expected Analysis

The below table summarizes the results of the experience study for ILTC base incidence rates, which includes experience over the past ten years. These tables show policy experience prior to any rate increases in order to avoid distortion caused by temporary anti-selection, which is layered on separately. This explains the shrinking exposure years over time. Something of note is the Individual Long-Term Care block has undergone significant rate action initiatives over the recent past, causing limited credibility that may not be representative of nationwide experience. This experience was factored into the assumption setting process but weighted according to the exposures shown below:

| Best-Estimate Incidence A/E Results Individual Long Term Care | | | | | | |
|--|-------------------|---------------|-----------------|-----------------------|-------------------------|-------------------|
| Calendar Year | Exposures (Years) | Actual Claims | Expected Claims | Actual Incidence Rate | Expected Incidence Rate | Actual / Expected |
| 2010 | 243,073 | 5,206 | 5,503 | 2.14% | 2.26% | 95% |
| 2011 | 233,060 | 5,325 | 5,750 | 2.28% | 2.47% | 93% |
| 2012 | 222,734 | 5,666 | 6,075 | 2.54% | 2.73% | 93% |
| 2013 | 212,130 | 6,017 | 6,196 | 2.84% | 2.92% | 97% |
| 2014 | 200,678 | 6,395 | 6,343 | 3.19% | 3.16% | 101% |
| 2015 | 189,684 | 6,923 | 6,396 | 3.65% | 3.37% | 108% |
| 2016 | 178,602 | 6,590 | 6,395 | 3.69% | 3.58% | 103% |
| 2017 | 168,277 | 6,858 | 6,509 | 4.08% | 3.87% | 105% |
| 2018 | 158,506 | 6,735 | 6,480 | 4.25% | 4.09% | 104% |

| | | | | | | |
|--------------|------------------|---------------|---------------|--------------|--------------|-------------|
| 2019 | 150,028 | 6,522 | 6,617 | 4.35% | 4.41% | 99% |
| Total | 1,956,772 | 62,237 | 62,264 | 3.18% | 3.18% | 100% |

Base Incidence Assumption

The base incidence rates are single-dimensional tables that vary by attained age. These base incidence tables vary by the following:

- Whether the policy covers comprehensive or facility only benefits
- The situs of the claim (Nursing Home, Home Health Care, Assisted Living Facility)
- Gender

A sample table is shown below:

Plan Type: Comprehensive
Situs: Assisted Living Facility
Gender: Male

| Attained Age | Annual Incidence Rate (%) |
|--------------|---------------------------|
| 44 and Prior | 0.0009% |
| 45 | 0.0011% |
| 46 | 0.0013% |
| 47 | 0.0015% |
| ... | ... |
| 55 | 0.0057% |
| 56 | 0.0067% |
| 57 | 0.0079% |
| ... | ... |
| 65 | 0.0295% |
| 66 | 0.0348% |
| 67 | 0.0410% |
| ... | ... |
| 75 | 0.1655% |
| 76 | 0.1976% |
| 77 | 0.2358% |
| ... | ... |
| 85 | 0.9667% |
| 86 | 1.1525% |
| 87 | 1.3738% |
| 88 | 0.9633% |
| 89 | 1.6593% |
| 90 | 1.8232% |

| | |
|-----------|---------|
| 91 | 1.4466% |
| 92 | 2.1559% |
| ... | ... |
| 95 | 2.7720% |
| 96 to 120 | 3.0142% |

Incidence Rate Adjustment Factors

There are a number of incidence rate adjustment factors that are applied to adjust the base incidence tables for various policy features. The annual experience study reviews these adjustment factors and provides updates as needed. The incidence adjustment factors are shown below:

| Category | Variable/Benefit Feature | Adjustment Factor |
|--------------------|--------------------------|-------------------|
| Underwriting Class | Preferred | 1.0000 |
| | Standard | 1.3082 |
| | Substandard | 1.3622 |
| Elimination Period | 0 Days | 1.0000 |
| | 1-89 Days | 0.8068 |
| | 90+ Days | 0.8068 |
| Benefit Period | Lifetime | 1.2418 |
| | Non-Lifetime | 1.0000 |
| Tax Status | Tax Qualified | 0.8366 |
| | Non-Tax Qualified | 1.0000 |

Temporary Anti-Selection Overview

As part of the company's annual experience study, the relationship between premium rate actions and incidence rates were developed into an assumption set. At any time, there is a subset of policyholders that already qualify for their long term care benefits, but have not utilized the policy. When a rate increase notification is received, some of these policyholders will go on claim to avoid paying the increased premium, since their premium rates will be waived. This phenomenon is known as anti-selection or 'shock morbidity'. We are using a durational impact of 1 year and severity of 10% for ILTC. ***Future Incidence Improvement (i.e. Morbidity Improvement)***

No future incidence improvement is assumed.

Model Calibration

The morbidity assumptions are intended to reflect the best-estimate of the long term. Long-Term Care policies are complex and have multiple decrements. Assumptions are developed independently and when combined in the model, they do not always produce results that seem reasonable. Model calibration is performed when necessary to fit the model to the long term view.

A dynamic validation was performed by modeling our best-estimate assumptions with inforce liability data as of December 31, 2018 to see how well the assumptions would replicate actual historical experience in the near term. This analysis was performed separately for ILTC and GLTC. Based on how well the model 'fits' actual claims experience, additional incidence calibration factors may be applied. A temporary ILTC calibration factor of 1.05 starting in 2019 and linearly grading down to 1.00 by 2025 was selected to recalibrate experience such that the model fits better in the near term.

| Calendar Year | Calibration Factors |
|---------------|---------------------|
| 2018 | 1.0583 |
| 2019 | 1.0500 |
| 2020 | 1.0417 |
| 2021 | 1.0333 |
| 2022 | 1.0250 |
| 2023 | 1.0167 |
| 2024 | 1.0083 |
| 2025+ | 1.0000 |

Claim Severity

In the projection system, the severity of claim is the associated length and cost of a claim once an insured becomes disabled (or is already disabled). The severity of a claim is driven by three key assumptions:

- Claim Recovery
- Benefit Utilization
- Disabled Life Mortality

A further breakdown of these three components is described below.

Recovery Overview

Once a policyholder is on claim, there is an associated probability that the policyholder will recover back in to a 'healthy' status prior to death or exhausting benefits. This is the recovery rate assumption in the projection model.

Recovery Actual to Expected Analysis

The below table summarizes the results of the experience study for ILTC recovery rates, which includes experience over the past seven years:

| Best-Estimate Recovery A/E Results Individual Long Term Care | | | | | | | | | |
|---|-------------------|-------------------|----------------------|---------------------|------------------------|-------------------|---------------------|------------------------|-------------------|
| Calendar Year | Actuals | | | Current Claims | | | Future Claims | | |
| | Exposures (Years) | Actual Recoveries | Actual Recovery Rate | Expected Recoveries | Expected Recovery Rate | Actual / Expected | Expected Recoveries | Expected Recovery Rate | Actual / Expected |
| 2015 | 13,645 | 1,437 | 10.5% | 1,496 | 11.0% | 96% | 1,483 | 10.9% | 97% |
| 2016 | 14,228 | 1,498 | 10.5% | 1,489 | 10.5% | 101% | 1,473 | 10.4% | 102% |
| 2017 | 14,699 | 1,441 | 9.8% | 1,451 | 9.9% | 99% | 1,445 | 9.8% | 100% |
| 2018 | 15,003 | 1,415 | 9.4% | 1,426 | 9.5% | 99% | 1,431 | 9.5% | 99% |
| 2019 | 15,113 | 1,519 | 10.1% | 1,415 | 9.4% | 107% | 1,398 | 9.3% | 109% |
| Total | 72,688 | 7,310 | 10.1% | 7,277 | 10.0% | 101% | 7,230 | 9.9% | 101% |

Recovery Assumption

The recovery tables are two-dimensional that vary by age of disability and disability duration. The first five years of the tables contain monthly rates and are annual thereafter. The recovery tables vary by the following:

- Benefit period (lifetime vs non-lifetime)
- Gender
- Presence of a restoration of benefits rider
- The situs of the claim (Nursing Home, Home Health Care, Assisted Living Facility)
- Diagnosis of the claim (for insureds currently on claim)
- Tax-qualified status (tax-qualified, not tax-qualified)
- Eliminated period (0 day, 1-89 day, 90+ day)

Insureds that are currently in claim status have a known situs of care, so the recovery rates will be different than a policy currently in healthy status, since the future claim situs is unknown.

A sample table is shown below for sample ages of disablement (rates shown are on a monthly basis):

Policyholder Status: Healthy
Benefit Period: Lifetime
Gender: Female
Restoration of Benefits: No
Situs: Nursing Home (original, since policy is healthy)
Tax-Qualified Status: Not tax-qualified
Elimination Period: 1 to 89 days

| Disability Month | Disablement Age | | | |
|------------------|-----------------|-------|-------|-------|
| | 65 | 75 | 85 | 95 |
| 1 | 3.35% | 2.36% | 1.65% | 1.40% |
| 2 | 6.71% | 4.71% | 3.30% | 2.80% |
| 3 | 4.96% | 3.49% | 2.44% | 2.07% |
| 4 | 3.70% | 2.60% | 1.82% | 1.54% |
| 5 | 2.86% | 2.01% | 1.40% | 1.19% |
| 6 | 1.75% | 1.23% | 0.86% | 0.73% |
| 7 | 1.15% | 0.81% | 0.56% | 0.48% |
| 8 | 0.73% | 0.51% | 0.36% | 0.30% |
| 9 | 0.52% | 0.37% | 0.26% | 0.22% |
| 10 | 0.47% | 0.33% | 0.23% | 0.20% |
| 11 | 0.43% | 0.30% | 0.21% | 0.18% |
| 12 | 0.40% | 0.28% | 0.19% | 0.17% |
| ... | ... | ... | ... | ... |

Utilization Overview

The utilization assumption in the model for expense reimbursement policies represent the amounts, or severity, of paid claims and include components for cost of care, coverage available and the intensity of care (“health trend”). The available benefit is also considered by capping paid claims at the daily benefit amount.

Expense reimbursement refers to policies that are reimbursed up to the maximum daily benefit. They are considered separately from indemnity policies because indemnity policies pay the full maximum daily benefit. Expense reimbursement claim amounts are affected by cost of care inflation, intensity of care (referred to as “health trend”), and the amount of initial coverage purchased.

Health trends represent the intensity of care needed for claimants. Health trend is the ratio of inflation-adjusted paid claims divided by initial available benefits:

$$\text{Health Trend} = \frac{\text{Paid Claim}}{(1 + \text{CostOfCare Inflation})^{(\text{Experience Year} - \text{Issue Year})} \times \text{Initial Available Benefits}}$$

Indemnity policies have separate utilization assumptions from expense reimbursement policies because they pay their full available benefits and are not dependent on cost or intensity of care. Although indemnity policies pay the full maximum daily benefit, utilization rates are still below 100% because insureds are not in facilities 100% of the time. For example, if an insured is only in a facility 28 out of the 30 days in each month, then they would have a utilization rate equal to $28/30 = 93\%$. This is because benefit periods are based on service days and not strictly calendar days.

The utilization cost of care assumption is based on statutory valuation assumptions.

Utilization Actual to Expected Analysis

The below table summarizes the results of the experience study for ILTC utilization rates, which includes experience over the past seven years:

| Best-Estimate Utilization A/E Results – All Policies Individual Long Term Care | | | | | | | | | | | | |
|---|--|---|--------------------------------|---|----------------------------------|--------------------------|--|---|--------------------------------|---|----------------------------------|--------------------------|
| Calendar Year | Current Claims | | | | | | Future Claims | | | | | |
| | Maximum Available Benefit (\$million s) | Actual Paid Claims (\$million s) | Actual Utilization Rate | Expected Paid Claims (\$million s) | Expected Utilization Rate | Actual / Expected | Maximum Available Benefit (\$million s) | Actual Paid Claims (\$million s) | Actual Utilization Rate | Expected Paid Claims (\$million s) | Expected Utilization Rate | Actual / Expected |
| 2013 | 675 | 471 | 70% | 461 | 68% | 102% | 675 | 471 | 70% | 474 | 70% | 99% |
| 2014 | 748 | 518 | 69% | 508 | 68% | 102% | 748 | 518 | 69% | 523 | 70% | 99% |
| 2015 | 824 | 562 | 68% | 552 | 67% | 102% | 824 | 652 | 68% | 567 | 69% | 99% |
| 2016 | 909 | 623 | 69% | 607 | 67% | 103% | 909 | 623 | 69% | 623 | 69% | 100% |
| 2017 | 978 | 666 | 68% | 649 | 66% | 103% | 978 | 666 | 68% | 667 | 68% | 100% |
| 2018 | 1,052 | 707 | 67% | 692 | 66% | 102% | 1,052 | 707 | 67% | 712 | 68% | 99% |
| 2019 | 1,117 | 747 | 67% | 732 | 66% | 102% | 1,117 | 747 | 67% | 750 | 67% | 100% |
| Total | 6,302 | 4,294 | 68% | 4,201 | 67% | 102% | 6,302 | 4,294 | 68% | 4,316 | 68% | 99% |

Utilization Assumption

The health trend component of utilization tables are two-dimensional that vary by age of disability and disability duration. The first five years of the tables contain monthly rates and are annual thereafter. These tables vary by the following:

- Benefit Period (lifetime vs non-lifetime)
- Inflation type (simple, compound, none)
- Home health care percentage (0%, 1%-50%, 50%-75%, 75%+)
- The situs of the claim (Nursing Home, Home Health Care, Assisted Living Facility)
- Diagnosis of the claim (for insureds currently on claim)

In addition, the situs varies on whether the policyholder is healthy (original situs) versus disabled (current situs). A sample health trend table is shown below for sample ages of disablement (rates shown are on a monthly basis):

Insured Status: Disabled

Benefit Period: Non-Lifetime

Inflation Type: Compound

Home Health Care Percentage: N/A (since situs is not home health care)

Situs: Assisted Living Facility (current, since policy is disabled)

Payment Type: Reimbursement

Diagnosis: Other

| Disability Month | Disablement Age | | | |
|------------------|-----------------|-----|-----|-----|
| | 65 | 75 | 85 | 95 |
| 1 | 99% | 91% | 88% | 90% |
| 2 | 60% | 66% | 72% | 74% |
| 3 | 69% | 75% | 80% | 85% |
| 4 | 63% | 65% | 72% | 77% |
| 5 | 70% | 72% | 79% | 82% |
| 6 | 71% | 75% | 79% | 82% |
| 7 | 76% | 76% | 81% | 85% |
| 8 | 76% | 77% | 82% | 85% |
| 9 | 76% | 77% | 81% | 83% |
| 10 | 79% | 77% | 82% | 85% |
| 11 | 80% | 80% | 83% | 86% |
| 12 | 79% | 80% | 83% | 86% |
| ... | ... | ... | ... | ... |

Cost of care tables are two-dimensional vectors that vary by calendar year and inflation type for reimbursement policies. The average cost of care is summarized below:

| Cost of Care - ILTC | | |
|---------------------|-----------------|---------------|
| Inflation Type | Historical Rate | Ultimate Rate |
| None | 0.12% | 0.53% |
| Simple | 2.52% | 2.93% |
| Compound | 3.97% | 4.38% |

Disabled Life Mortality Overview

Once an insured is on claim, there is an associated probability that the insured will decrement due to death, which influences the overall length of a claim. Generally, the probability of death from a currently disabled insured is greater than the probability associated with a currently healthy insured, so separate assumptions are developed and modeled.

Disabled Life Mortality Actual to Expected Analysis

The below table summarizes the results of the experience study for ILTC disabled mortality rates, which includes experience over the past five years:

| Best-Estimate Disabled Mortality A/E Results Individual Long Term Care | | | | | | | | | |
|---|---------------|-----------------|-------------------------|--------------------------|----------------------------------|-------------------|--------------------------|----------------------------------|-------------------|
| Calendar Year | Actuals | | | Current Claims | | | Future Claims | | |
| | Exposures | Disabled Deaths | Disabled Mortality Rate | Expected Disabled Deaths | Expected Disabled Mortality Rate | Actual / Expected | Expected Disabled Deaths | Expected Disabled Mortality Rate | Actual / Expected |
| 2015 | 13,645 | 4,172 | 30.6% | 4,008 | 29.4% | 104% | 4,013 | 29.4% | 104% |
| 2016 | 14,228 | 4,183 | 29.4% | 4,196 | 29.5% | 100% | 4,197 | 29.5% | 100% |
| 2017 | 14,699 | 4,376 | 29.8% | 4,359 | 29.7% | 100% | 4,363 | 29.7% | 100% |
| 2018 | 15,003 | 4,431 | 29.5% | 4,460 | 29.7% | 99% | 4,478 | 29.8% | 99% |
| 2019 | 15,113 | 4,416 | 29.2% | 4,531 | 30.0% | 97% | 4,544 | 30.0% | 97% |
| Total | 72,688 | 21,578 | 29.7% | 21,554 | 29.7% | 100% | 21,595 | 29.7% | 100% |

Disabled Life Mortality Assumption

The disabled life mortality rates are two-dimensional tables that vary by age of disability and disability duration. Similar to the other severity assumptions, the first five years of the tables contain monthly rates and are annual thereafter. The disabled life mortality tables vary by the following:

- Benefit period (lifetime vs non-lifetime)
- The situs of the claim (Nursing Home, Home Health Care, Assisted Living Facility)
- Gender
- Diagnosis of the claim (for insureds currently on claim)

Insureds that are currently in claim status have a known situs of care, so the disabled life mortality rates will be different than a policy currently in healthy status, since the future claim situs is unknown.

A sample table is shown below for sample ages of disablement (rates shown are on a monthly basis):

Insured Status: Healthy

Benefit Period: Non-Lifetime

Situs: Nursing Home (original, since policy is healthy)

Gender: Male

Diagnosis: N/A (since status is healthy)

| Disability Month | Disablement Age | | | |
|------------------|-----------------|-------|-------|-------|
| | 65 | 75 | 85 | 95 |
| 1 | 2.14% | 3.15% | 3.58% | 4.25% |
| 2 | 2.84% | 4.17% | 4.74% | 5.62% |

| | | | | |
|-------|-------|--------|-------|-------|
| 3 | 3.07% | 4.50% | 5.11% | 6.07% |
| 4 | 3.46% | 5.07% | 5.76% | 6.84% |
| 5 | 3.07% | 4.51% | 5.12% | 6.08% |
| 6 | 2.68% | 3.93% | 4.47% | 5.31% |
| 7-12 | 2.10% | 3.008% | 3.50% | 4.16% |
| 13-18 | 1.80% | 2.65% | 3.05% | 3.77% |
| 19-24 | 1.82% | 2.68% | 3.08% | 3.81% |
| 25-36 | 2.07% | 3.03% | 3.53% | 4.61% |
| 37-48 | 2.23% | 3.19% | 3.76% | 5.22% |
| 49-60 | 2.47% | 3.41% | 4.06% | 6.04% |
| ... | ... | ... | ... | ... |

Transitions of Situs

Following the annual claim reserve review, adjustments were made to the assumptions to account for transitions of situs. The result of these adjustments produced smoother claim development and a better fit in the dynamic validation. The following tables summarize these adjustments.

| Claim Closures (Recovery & Disabled Life Mortality) | | | | | | | | | |
|---|--------|----------------|------|-------|-------|-------|-------|-------|------|
| Product | Gender | Benefit Period | 1-12 | 13-24 | 25-36 | 37-48 | 49-60 | 61-72 | >72 |
| ILTC | Female | Unlimited | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| | | Limited | 1.00 | 1.00 | 0.80 | 0.80 | 0.90 | 1.00 | 1.00 |
| | Male | Unlimited | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 0.75 |
| | | Limited | 1.00 | 1.00 | 0.80 | 0.80 | 0.90 | 1.00 | 0.75 |

| Utilization | | | | | | | | | |
|-------------|--------------|----------------|------|-------|-------|-------|-------|-------|------|
| Product | Payment Type | Inflation Type | 1-12 | 13-24 | 25-36 | 37-48 | 49-60 | 61-72 | >72 |
| ILTC | Exp. Inc. | C | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 |
| | | S | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 |
| | | N | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 |
| | Indemnity | C | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| | | S | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| | | N | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |

Persistency

In the projection system, the persistency assumptions relate to the probability that policyholders not on claim will lapse or die. Policyholder reduced benefit options are considered part of the persistency assumption and are modeled as partial lapses in the projection system. The persistency of an insured is driven by following key assumptions:

- Voluntary Lapse
- Shock Lapse and Reduced Benefit Option (“RBO”)
- Shock Mortality
- Healthy Life Mortality
- Healthy Life Mortality Improvement

A further breakdown of these components is described below.

Voluntary Lapse Overview

The voluntary lapse assumption reflects the probability associated with an insured voluntarily canceling their policy. The voluntary lapse rates differ from shock lapse rates in that the policy cancelation is not due to a rate increase notification.

Voluntary Lapse Actual to Expected Analysis

The below table summarizes the results of the experience study for ILTC voluntary lapse rates, which includes experience over the past seven years:

| Best-Estimate Base Voluntary Lapse A/E Results Individual Long Term Care | | | | | | |
|---|-------------------|--------------|----------------|-------------------|---------------------|-------------------|
| Calendar Year | Exposures (Years) | Actual Lapse | Expected Lapse | Actual Lapse Rate | Expected Lapse Rate | Actual / Expected |
| 2013 | 206,775 | 1,879 | 1,678 | 0.91% | 0.75% | 112% |
| 2014 | 193,954 | 1,703 | 1,458 | 0.88% | 0.70% | 117% |
| 2015 | 182,172 | 1,403 | 1,283 | 0.77% | 0.67% | 109% |
| 2016 | 170,825 | 1,250 | 1,145 | 0.73% | 0.65% | 109% |
| 2017 | 160,433 | 1,045 | 1,039 | 0.65% | 0.64% | 101% |
| 2018 | 150,258 | 1,059 | 965 | 0.71% | 0.65% | 110% |
| 2019 | 140,168 | 857 | 906 | 0.61% | 0.65% | 95% |
| Total | 1,246,574 | 9,197 | 8,474 | 0.76% | 0.70% | 109% |

Voluntary Lapse Assumption

The voluntary lapse tables are one-dimensional varying by policy duration. The voluntary lapse assumptions vary by the following:

- Benefit Period (lifetime vs non-lifetime)
- Inflation Type (simple, compound, none)
- Product

- Limited Pay Adjustment

A sample voluntary lapse table is shown below:

Product: ILTC

Benefit Period: Lifetime

Inflation Type: None

| Policy Duration | Base Voluntary Lapse Rate |
|-----------------|---------------------------|
| 1 | 7.45% |
| 2 | 4.45% |
| 3 | 3.45% |
| 4 | 2.95% |
| 5 | 2.55% |
| 6 | 2.20% |
| 7 | 1.90% |
| 8 | 1.65% |
| 9 | 1.45% |
| 10 | 1.25% |
| 11 | 1.05% |
| 12 | 0.95% |
| 13 | 0.90% |
| 14 | 0.85% |
| 15 | 0.80% |
| 16+ | 0.75% |

Shock Lapse and Reduced Benefit Option

The shock lapse and RBO assumptions are modeled as an increase in lapse rates in response to a rate increase. Shock lapse and RBO assumptions are determined by calculating the lapse rates in excess of base lapse rates during the years when a premium rate action occurs.

The assumed rates for each of these components are outlined in the below table for the ILTC product:

| Rate Increase | Total Additional Lapse % from Shock and RBO* |
|---------------|--|
| 0% | 0.00% |
| 5% | 0.47% |
| 10% | 1.18% |
| 15% | 1.87% |

| | |
|------|--------|
| 20% | 2.56% |
| 25% | 3.24% |
| 30% | 3.90% |
| 35% | 4.56% |
| 40% | 5.21% |
| 45% | 5.84% |
| 50% | 6.47% |
| 55% | 7.09% |
| 60% | 7.69% |
| 65% | 8.29% |
| 70% | 8.88% |
| 75% | 9.46% |
| 80% | 10.02% |
| 85% | 10.37% |
| 90% | 10.72% |
| 95% | 11.07% |
| 100% | 11.42% |
| ... | ... |

Healthy Life Mortality Overview

The healthy life mortality assumption is the probability of death associated with currently healthy insureds.

Healthy Life Mortality Actual to Expected Analysis

The below table summarizes the results of the experience study for ILTC healthy life mortality rates, which includes experience from 2013 to 2019:

| Best-Estimate Healthy Life Mortality A/E Results Individual Long Term Care | | | | | | |
|---|-------------------|---------------|----------------|-------------------|---------------------|-------------------|
| Calendar Year | Exposures (Years) | Actual Death | Expected Death | Actual Death Rate | Expected Death Rate | Actual / Expected |
| 2013 | 207,435 | 4,559 | 4,751 | 2.20% | 2.29% | 96% |
| 2014 | 197,707 | 4,787 | 4,663 | 2.46% | 2.39% | 103% |
| 2015 | 182,998 | 4,194 | 4,102 | 2.29% | 2.24% | 102% |
| 2016 | 171,680 | 3,918 | 3,990 | 2.28% | 2.32% | 98% |
| 2017 | 161,263 | 3,558 | 3,680 | 2.21% | 2.28% | 97% |
| 2018 | 151,054 | 3,700 | 3,369 | 2.45% | 2.23% | 110% |
| 2019 | 140,904 | 3,165 | 3,070 | 2.25% | 2.18% | 103% |
| Total | 1,210,040 | 27,881 | 27,624 | 2.30% | 2.28% | 101% |

Healthy Life Mortality Assumption

The base table for the healthy life mortality assumption is the 2012 IAM table, with additional multipliers based on company experience. There are also adjustments at higher attained ages, due to lack of credibility. At higher ages, the assumptions grade their credibility weighting from 100% of the best-estimate assumption at age 95, to 100% of the 2012 IAM tables at ages 105 and later. These base tables vary by gender and attained age. The additional multipliers to these base tables based on CCC's experience are as follows:

| Category | Variable/Benefit Feature | Adjustment Factors |
|--------------------|--------------------------|--------------------|
| Attained Age | 0-59 | 68% |
| | 60-64 | 61% |
| | 65-69 | 60% |
| | 70-74 | 114% |
| | 75-79 | 107% |
| | 80-84 | 93% |
| | 85-89 | 83% |
| | 90-94 | 91% |
| Gender | Male | 100% |
| | Female | 90% |
| Underwriting Class | Preferred | 85% |
| | Standard | 131% |
| | Substandard | 160% |
| Calendar Year | 2014 and Prior | 1.00 |
| | 2015 | 0.90 |
| | 2016 | 0.90 |
| | 2017 | 0.85 |
| | 2018 | 0.80 |
| | 2019 | 0.75 |
| | 2020 | 0.70 |
| | 2021 | 0.70 |
| | 2022 | 0.70 |
| | 2023 | 0.75 |
| | 2024 | 0.80 |
| | 2025 | 0.85 |

| | | |
|--|-------|------|
| | 2026 | 0.90 |
| | 2027 | 0.95 |
| | 2028+ | 1.00 |

Healthy Life Mortality Improvement

A healthy life mortality improvement factor is applied to the base healthy mortality table to reflect studies that examine the improvement of population mortality over time, based on improvement scale G2. The healthy life mortality improvement varies by gender and attained age with improvement beginning 1/1/2017 for 10 years. An example is shown below for reference:

Gender: Female

| Attained Age | Annualized Improvement |
|--------------|------------------------|
| <=50 | 1.00% |
| 50 | 1.00% |
| 60 | 1.30% |
| 70 | 1.30% |
| 80 | 1.30% |
| 90 | 0.60% |
| 100 | 0.20% |
| 105 | 0.00% |

6. Discount Rate

The inforce count-weighted average maximum statutory valuation interest rate for contract reserves is used to accumulate past actual experience and discount future expectations. The rate varies by product as follows:

| Product Portfolio | Interest Rate |
|-------------------|---------------|
| LTC1 | 5.17% |
| Premier/Classic | 4.64% |

7. Expenses

This filing is based on loss ratios and expense levels have not been considered. Commissions are not paid on rate increase premiums.

8. Marketing Method

These policies were sold directly through non-captive agents.

9. Underwriting Description

These policy forms were fully underwritten with the use of various tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interviews, and/or face-to-face assessments.

10. Premiums

Premiums are unisex and payable for life unless the insured selected a limited pay option. The premiums may vary by issue age, elimination period, benefit period / lifetime maximum, initial daily benefit amount, level of home health care coverage, inflation type, premium mode, underwriting class, marital status, and the selection of any other options or riders.

11. Modal Premium Factors

The following modal factors remain unchanged and are applied to the annual premium to obtain the modal premium.

| Payment Mode | Modal Factor | Nationwide Premium Distribution at Dec. 31, 2020 |
|--------------|--------------|--|
| Annual | 1.000 | 61.2% |
| Semi-Annual | 0.520 | 8.3% |
| Quarterly | 0.270 | 12.0% |
| Monthly | 0.090 | 18.6% |

12. Issue Age Range

Issue ages range from 18 to 84.

13. Area Factors

Area factors are not used for these policy forms.

14. Average Annualized Premium

The average annualized premium for the policy forms subject to the rate increase request, both before and after the impact of the requested rate increase, is included in Exhibit 1.

15. Number of Insureds

The current number of insureds as of December 31, 2020 can be found in Exhibit 1.

16. Distribution of Business

The historical experience reflects the actual distribution of insureds during the experience period. The current distribution of business as of December 31, 2020 was used to project future experience. Exhibit 2 contains the distribution of the inforce insureds by key demographic and benefit characteristics.

17. Claim Liability and Reserves

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2020 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve ("IBNR") balances and terminated but not reported reserve ("TBNR") balances as of December 31, 2020 have been allocated to a calendar year of incurral and included in historical incurred claims.

18. Trend Assumptions

As this is not medical insurance, explicit medical cost trends have not been included in the projections.

19. Experience – Past and Future

Earned premiums and incurred claims, projected through 2079 are developed from a first-principles actuarial model representing actual contracts in-force as of December 31, 2020. The assumptions described in Section 5 are used to project earned premiums and incurred claims.

Waived premiums are not included as premiums nor claims in either the actual historical or the projected future experience.

Historical results reflect earned premium by calendar year with claims captured by incurral year. That is, incurred claims for a calendar year represent all payments through December 31, 2020 for a claim incurred in a particular calendar year plus any claim reserve held as of December 31, 2020. Incurred claims also include IBNR and TBNR held as of December 31, 2020.

Exhibit 3 presents nationwide experience as described in Section 21 for all forms affected by this rate increase to ensure maximum credibility. Although we believe the State-specific data is not credible on its own, we are including State-specific experience through December 31, 2020 for reference in Exhibit 4.

Annual loss ratios are calculated, with and without interest, as incurred claims divided by earned premiums.

A lifetime loss ratio as of December 31, 2020 is calculated as the sum of accumulated past experience and discounted future expectations using the nationwide inforce count-weighted average maximum statutory valuation interest rate for contract reserves.

20. History of Rate Adjustments

See Exhibit 1 for a history of prior rate adjustments in your state.

21. Ensuring No Cross-Subsidization Between States

We have ensured no state's rate increase approvals will subsidize other states' experience. Rate increase requests will vary by state, but only to reflect the timing and amount of prior rate increases approved by that state. This is accomplished by first backing-out all prior rate increases from our nationwide premium data. We then reintroduce prior rate increases with the amount and timing based on your state's prior approvals (as referenced in Section 19). The current proposed rate increase(s) are then determined.

Although some states may have capped our previous inforce rate increase filings, it is the intention of CCC's management that subsequent filings will be submitted at a later date until an actuarially equivalent amount is achieved.

22. Requested Rate Increase and Demonstration of Satisfaction of Requirements

CCC is requesting a rate increase on the policy forms included in this filing, to be implemented over one year. The rate increase varies by benefit period and AIB rider as follows:

| LTC1 | Policies with AIB Rider | Policies without AIB Rider |
|---------------------------------|-------------------------|----------------------------|
| Unlimited Lifetime Max Benefits | 34.5% | 0.0% |
| Non-Lifetime Max Benefits | 0.0% | 0.0% |

| Premier/Classic | Policies with AIB Rider | Policies without AIB Rider |
|---------------------------------|-------------------------|----------------------------|
| Unlimited Lifetime Max Benefits | 27.3% | 0.0% |
| Non-Lifetime Max Benefits | 0.0% | 0.0% |

Please see the Supplement to Rate Sheet for details on the implementation schedule.

Corresponding rate schedules reflecting the increase are included with this filing. Although this request is less than CCC can justify, we are limiting our rate increase request at this time. CCC will continue to monitor the experience of this block and take appropriate actions when necessary.

Upon approval of this rate revision, CCC will communicate to insureds their options to reduce the impact of the rate increase. These options may include increasing the elimination period, reducing the lifetime maximum, reducing the daily benefit or eliminating optional riders. Because the requested rate increase applies to policies with an AIB rider, insureds with an AIB rider who choose to drop it (i.e. Freeze and Drop) will:

- Not be subject to the AIB rate increase;
- Retain their inflated benefits as of the effective date of the coverage change; and
- Be charged an original issue age premium based on the original non-inflated benefits.

Available options will depend upon the insured's current coverage levels, benefit options available under their specific policy form, and any statutory minimum benefit levels in your state.

In addition, the Company is making a number of alternative options available for all insureds in conjunction with this rate increase. The first option provides an Increased Contingent Non-Forfeiture ("ICNF") benefit upon lapse. If this benefit is elected by the insured, the insured will not have to pay prospective premium, and their remaining benefit pool amount will equate to 150% of lifetime premiums paid, capped at current remaining lifetime benefits.

The second option that is being offered to insureds is the "Surrender Option". If this option is elected by the insured, the insured will surrender their policy in return for a one-time cash payment from the Company. The amount of the one-time cash surrender payment is equal to the unisex-adjusted statutory active life reserve held for the specific insured.

Both of the above alternative options will be offered to all insureds in your state, regardless of whether or not they receive a rate increase, in order to ensure fairness within the product portfolio. If a policy lapses due to non-payment of premiums without notifying the Company of the insured's intention to elect any of the above options, the insured's coverage will default to a standard 100% CNF benefit.

Note that the actual rates implemented may vary slightly from those filed due to implementation rounding algorithms.

Satisfaction of minimum required loss ratio requirements is demonstrated in Exhibit 1. This approach shows that with the requested rate increase, the expected lifetime loss ratio exceeds the minimum loss ratio requirement.

23. Proposed Effective Date

The rate increase will apply to policies on their next anniversary date following a notification period at least as long as required by your state following approval. No insured will receive more than one increase in a 12 month period.

24. Actuarial Certification

I am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries. I meet the Academy's qualification standards to render this actuarial opinion and am familiar with the filing requirements for long term care insurance premium and rate increases.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice ("ASOP"), including, but not limited to, the following:

- ASOP 7, "Analysis of Life, Health, or Property/Casualty Insurer Cash Flows";
- ASOP 8, "Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits";
- ASOP 18, "Long Term Care Insurance";
- ASOP 23, "Data Quality"; and
- ASOP 41, "Actuarial Communications".

I have relied upon policy and claim information extracts, as of December 31, 2020, which contain a seriatim listing of all insureds covered under CCC Long Term Care insurance contracts. I have also relied upon associated paid premium extracts providing details of payment dates and amounts. I have also relied upon associated paid claim extracts providing details by claim regarding payment dates, service dates, benefit types and payment amounts. This information was provided by CCC's Long Term Care Operations team in partnership with our Third Party Administrator.

I have relied upon statutory reserves as of December 31, 2020, for Claims Reserves, Incurred but Not Reported reserves, and Terminated but Not Reported Reserves, provided by CCC's Long Term Care Finance and Reserving team.

I have relied upon actuarial assumptions developed by CCC's Long Term Care Projections and Experience Studies team, which develops assumptions primarily for asset and reserve adequacy analysis, under the direction of the opening actuary, John Munro, FSA, MAAA, who approved those assumptions in collaboration with other CCC Long Term Care actuaries, including Inforce Management actuaries. These assumptions present the actuary's best judgement, as of December 31, 2020. We have reviewed these assumptions for reasonableness and consistency for use in this filing.

I hereby certify that, to the best of my knowledge and judgement, this rate filing is in compliance with the applicable laws and regulations of your state. In my opinion, the actuarial assumptions are appropriate and the rates are neither excessive nor unfairly discriminatory.



Louis Scarim, ASA, MAAA

Actuarial Consulting Director, LTC Inforce Management
(312) 822-6179
louis.scarim@cna.com

January 16, 2022

Date

25. Exhibit Listing

- Exhibit 1: State-Specific Information
- Exhibit 2: Distribution of Inforce Insureds
- Exhibit 3: Nationwide Experience and Projections
- Exhibit 4: State-Specific Experience and Projections

Exhibit 1a
Continental Casualty Company
LTC1 - Policy Forms with Lifetime Benefits & Standard Inflation
State Specific Information
Pennsylvania

12) Average Annualized Premium as of 12/31/2020

| | Nationwide | Pennsylvania |
|------------------|------------|--------------|
| Without Increase | \$2,116 | \$2,257 |
| With Increase | \$2,846 | \$3,034 |

13) Insured Count and Premium as of 12/31/2020

Insureds Eligible for Rate Increase

| | Nationwide | Pennsylvania |
|-------------------------|-------------|--------------|
| Insureds Not on Claim | 3,780 | 307 |
| Insureds on Claim | 689 | 47 |
| Total Insureds | 4,469 | 354 |
| 2020 Annualized Premium | \$9,456,911 | \$798,813 |

Insureds Not Eligible for Rate Increase

| | Nationwide | Pennsylvania |
|---|------------|--------------|
| Non-Forfeiture Insureds Not on Claim | 107 | 18 |
| Non-Forfeiture Insureds on Claim | 1 | 0 |
| Paid-Up Limited Pay Insureds Not on Claim | 0 | 0 |
| Paid-Up Limited Pay Insureds on Claim | 0 | 0 |
| Total Non-Forfeiture and Paid-Up Insureds | 108 | 18 |

18) History of Rate Adjustments

| SERFF Number | Approval Date | Rate Increase Approved |
|----------------|---------------|------------------------|
| N/A | 6/28/2002 | 15.0% |
| N/A | 7/10/2003 | 40.0% |
| CNAB-127154621 | 9/2/2011 | 25.0%* |
| CNAB-130150831 | 3/23/2016 | 20.0% |
| CNAB-131276497 | 4/3/2018 | 20.0%** |
| CNAB-132346264 | 8/22/2020 | 5.0% |

*Implemented over a two-year period (11.8%, 11.8%)**

*Implemented over a two-year period (9.54%, 9.54%)***

20) Satisfaction of Minimum Loss Ratio Requirements

| | |
|---|------|
| 1) Expected Lifetime Loss Ratio with Increase | 180% |
| 2) Minimum Required Loss Ratio | 60% |
| Is 1) Greater than 2)? | Yes |

Exhibit 2a
Continental Casualty Company
LTC1 - Policy Forms with Lifetime Benefits & Standard Inflation
Distribution of Inforce Insureds Eligible for Rate Increase
Pennsylvania

| | | Nationwide | | | | Pennsylvania | | | |
|----------------|---------------|--------------|-------------|--------------------|--------------|--------------|-------------|------------------|--------------|
| | | Count | % of Count | Premium | % of Premium | Count | % of Count | Premium | % of Premium |
| Issue Year | 1987 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 1988 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 1989 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 1990 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 1991 | 292 | 7% | \$635,413 | 7% | 0 | 0% | \$0 | 0% |
| | 1992 | 1,489 | 33% | \$3,136,622 | 33% | 98 | 28% | \$227,935 | 29% |
| | 1993 | 1,754 | 39% | \$3,670,574 | 39% | 216 | 61% | \$492,877 | 62% |
| | 1994 | 757 | 17% | \$1,600,099 | 17% | 40 | 11% | \$78,001 | 10% |
| | 1995 | 176 | 4% | \$413,376 | 4% | 0 | 0% | \$0 | 0% |
| | 1996 | 1 | 0% | \$827 | 0% | 0 | 0% | \$0 | 0% |
| | 1997 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 1998 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 1999 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2000 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2001 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2002 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2003 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2004 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2005 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2006 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2007 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2008 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2009 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2010 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2011 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2012 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2013 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2014 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2015 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2016 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2017 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2018 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| Total | | 4,469 | 100% | \$9,456,911 | 100% | 354 | 100% | \$798,813 | 100% |
| Issue Age | <35 | 3 | 0% | \$4,307 | 0% | 1 | 0% | \$1,168 | 0% |
| | 35-39 | 7 | 0% | \$6,003 | 0% | 2 | 1% | \$1,293 | 0% |
| | 40-44 | 45 | 1% | \$59,746 | 1% | 10 | 3% | \$10,029 | 1% |
| | 45-49 | 839 | 19% | \$1,132,440 | 12% | 69 | 19% | \$101,984 | 13% |
| | 50-54 | 1,362 | 30% | \$2,103,886 | 22% | 123 | 35% | \$201,993 | 25% |
| | 55-59 | 1,307 | 29% | \$2,944,292 | 31% | 97 | 27% | \$244,494 | 31% |
| | 60-64 | 721 | 16% | \$2,364,993 | 25% | 42 | 12% | \$175,985 | 22% |
| | 65-69 | 174 | 4% | \$773,540 | 8% | 10 | 3% | \$61,866 | 8% |
| | 70-74 | 10 | 0% | \$53,758 | 1% | 0 | 0% | \$0 | 0% |
| | 75-79 | 1 | 0% | \$13,945 | 0% | 0 | 0% | \$0 | 0% |
| | 80+ | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | Total | 4,469 | 100% | \$9,456,911 | 100% | 354 | 100% | \$798,813 | 100% |
| Attained Age | <45 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 45-49 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 50-54 | 1 | 0% | \$1,168 | 0% | 1 | 0% | \$1,168 | 0% |
| | 55-59 | 1 | 0% | \$691 | 0% | 0 | 0% | \$0 | 0% |
| | 60-64 | 4 | 0% | \$4,922 | 0% | 2 | 1% | \$1,293 | 0% |
| | 65-69 | 24 | 1% | \$31,405 | 0% | 2 | 1% | \$2,035 | 0% |
| | 70-74 | 389 | 9% | \$546,858 | 6% | 38 | 11% | \$47,819 | 6% |
| | 75-79 | 1,086 | 24% | \$1,580,855 | 17% | 87 | 25% | \$139,054 | 17% |
| | 80-84 | 1,339 | 30% | \$2,468,882 | 26% | 111 | 31% | \$218,392 | 27% |
| | 85-89 | 1,080 | 24% | \$2,779,646 | 29% | 85 | 24% | \$245,324 | 31% |
| | 90+ | 545 | 12% | \$2,042,484 | 22% | 28 | 8% | \$143,729 | 18% |
| Total | | 4,469 | 100% | \$9,456,911 | 100% | 354 | 100% | \$798,813 | 100% |
| Gender | Male | 1,654 | 37% | \$3,688,128 | 39% | 131 | 37% | \$326,034 | 41% |
| | Female | 2,815 | 63% | \$5,768,783 | 61% | 223 | 63% | \$472,779 | 59% |
| | Total | 4,469 | 100% | \$9,456,911 | 100% | 354 | 100% | \$798,813 | 100% |
| Inflation Type | None | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | Simple | 1,086 | 24% | \$2,457,972 | 26% | 67 | 19% | \$181,105 | 23% |
| | Compound | 3,383 | 76% | \$6,998,939 | 74% | 287 | 81% | \$617,708 | 77% |
| | Total | 4,469 | 100% | \$9,456,911 | 100% | 354 | 100% | \$798,813 | 100% |
| Tax Status | TQ | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | NTQ | 4,469 | 100% | \$9,456,911 | 100% | 354 | 100% | \$798,813 | 100% |
| | Total | 4,469 | 100% | \$9,456,911 | 100% | 354 | 100% | \$798,813 | 100% |
| Max Benefit | Lifetime | 4,469 | 100% | \$9,456,911 | 100% | 354 | 100% | \$798,813 | 100% |
| | Not Lifetime | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | Total | 4,469 | 100% | \$9,456,911 | 100% | 354 | 100% | \$798,813 | 100% |
| Cov Type | Facility Only | 108 | 2% | \$174,500 | 2% | 0 | 0% | \$0 | 0% |
| | Comprehensive | 4,361 | 98% | \$9,282,411 | 98% | 354 | 100% | \$798,813 | 100% |
| | Total | 4,469 | 100% | \$9,456,911 | 100% | 354 | 100% | \$798,813 | 100% |

Exhibit 3a
Continental Casualty Company
LTC1 - Policy Forms with Lifetime Benefits & Standard Inflation
Nationwide Historical and Projected Experience Restated with Approved Pennsylvania Rate Increases

| Year | Without Rate Increase | | | | With 34.5% Cumulative Rate Increase | | | |
|--|-----------------------|-----------------|-------------------|-----------------------|-------------------------------------|-----------------|-------------------|-----------------------|
| | Earned Premium | Incurred Claims | Annual Loss Ratio | Cumulative Loss Ratio | Earned Premium | Incurred Claims | Annual Loss Ratio | Cumulative Loss Ratio |
| Historical | | | | | | | | |
| 1988 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1989 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1990 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1991 | 302,590 | - | 0% | 0% | 302,590 | - | 0% | 0% |
| 1992 | 3,587,588 | 9,289 | 0% | 0% | 3,587,588 | 9,289 | 0% | 0% |
| 1993 | 9,470,851 | 403,881 | 4% | 3% | 9,470,851 | 403,881 | 4% | 3% |
| 1994 | 13,338,015 | 3,599,530 | 27% | 15% | 13,338,015 | 3,599,530 | 27% | 15% |
| 1995 | 14,466,745 | 3,572,475 | 25% | 18% | 14,466,745 | 3,572,475 | 25% | 18% |
| 1996 | 13,720,183 | 4,046,018 | 29% | 21% | 13,720,183 | 4,046,018 | 29% | 21% |
| 1997 | 13,666,230 | 5,673,528 | 42% | 25% | 13,666,230 | 5,673,528 | 42% | 25% |
| 1998 | 13,273,852 | 5,042,742 | 38% | 27% | 13,273,852 | 5,042,742 | 38% | 27% |
| 1999 | 12,840,362 | 8,997,945 | 70% | 33% | 12,840,362 | 8,997,945 | 70% | 33% |
| 2000 | 12,579,372 | 7,017,031 | 56% | 36% | 12,579,372 | 7,017,031 | 56% | 36% |
| 2001 | 12,260,405 | 7,887,398 | 64% | 39% | 12,260,405 | 7,887,398 | 64% | 39% |
| 2002 | 12,687,782 | 10,621,595 | 84% | 43% | 12,687,782 | 10,621,595 | 84% | 43% |
| 2003 | 14,661,342 | 15,544,213 | 106% | 49% | 14,661,342 | 15,544,213 | 106% | 49% |
| 2004 | 19,667,634 | 14,107,506 | 72% | 52% | 19,667,634 | 14,107,506 | 72% | 52% |
| 2005 | 19,345,044 | 12,226,292 | 63% | 53% | 19,345,044 | 12,226,292 | 63% | 53% |
| 2006 | 17,766,441 | 20,940,736 | 118% | 59% | 17,766,441 | 20,940,736 | 118% | 59% |
| 2007 | 17,217,814 | 21,838,481 | 127% | 64% | 17,217,814 | 21,838,481 | 127% | 64% |
| 2008 | 16,538,509 | 22,219,486 | 134% | 69% | 16,538,509 | 22,219,486 | 134% | 69% |
| 2009 | 15,853,396 | 29,750,882 | 188% | 76% | 15,853,396 | 29,750,882 | 188% | 76% |
| 2010 | 15,005,323 | 25,440,540 | 170% | 82% | 15,005,323 | 25,440,540 | 170% | 82% |
| 2011 | 14,377,340 | 32,584,669 | 227% | 89% | 14,377,340 | 32,584,669 | 227% | 89% |
| 2012 | 14,955,795 | 37,022,161 | 248% | 97% | 14,955,795 | 37,022,161 | 248% | 97% |
| 2013 | 15,526,244 | 42,691,034 | 275% | 106% | 15,526,244 | 42,691,034 | 275% | 106% |
| 2014 | 14,743,896 | 43,036,119 | 292% | 114% | 14,743,896 | 43,036,119 | 292% | 114% |
| 2015 | 13,680,020 | 47,484,123 | 347% | 123% | 13,680,020 | 47,484,123 | 347% | 123% |
| 2016 | 13,495,170 | 51,310,024 | 380% | 133% | 13,495,170 | 51,310,024 | 380% | 133% |
| 2017 | 14,007,361 | 57,978,997 | 414% | 144% | 14,007,361 | 57,978,997 | 414% | 144% |
| 2018 | 13,063,132 | 63,940,742 | 489% | 156% | 13,063,132 | 63,940,742 | 489% | 156% |
| 2019 | 13,259,356 | 60,056,962 | 453% | 166% | 13,259,356 | 60,056,962 | 453% | 166% |
| 2020 | 12,755,846 | 51,364,438 | 403% | 173% | 12,755,846 | 51,364,438 | 403% | 173% |
| Total Actual | 408,113,640 | 706,408,837 | 173% | 173% | 408,113,640 | 706,408,837 | 173% | 173% |
| Projected | | | | | | | | |
| 2021 | 11,329,174 | 56,969,939 | 503% | 182% | 12,002,974 | 56,465,185 | 470% | 182% |
| 2022 | 10,363,674 | 64,956,477 | 627% | 193% | 13,037,661 | 65,484,996 | 502% | 191% |
| 2023 | 9,377,562 | 61,009,031 | 651% | 202% | 12,051,636 | 61,221,647 | 508% | 200% |
| 2024 | 8,419,243 | 62,469,964 | 742% | 213% | 10,820,046 | 59,702,544 | 552% | 208% |
| 2025 | 7,495,453 | 63,246,341 | 844% | 223% | 9,632,830 | 60,444,528 | 627% | 217% |
| 2026 | 6,614,731 | 63,400,407 | 958% | 234% | 8,500,966 | 60,591,769 | 713% | 226% |
| 2027 | 5,783,791 | 62,925,841 | 1088% | 244% | 7,433,077 | 60,138,226 | 809% | 235% |
| 2028 | 5,006,716 | 61,648,213 | 1231% | 255% | 6,434,414 | 58,917,197 | 916% | 244% |
| 2029 | 4,288,571 | 59,665,074 | 1391% | 265% | 5,511,485 | 57,021,911 | 1035% | 253% |
| 2030 | 3,642,012 | 57,032,474 | 1566% | 275% | 4,680,555 | 54,505,935 | 1165% | 261% |
| 2031 | 3,067,876 | 53,782,831 | 1753% | 284% | 3,942,701 | 51,400,252 | 1304% | 269% |
| 2032 | 2,562,287 | 49,966,237 | 1950% | 293% | 3,292,940 | 47,752,733 | 1450% | 277% |
| 2033 | 2,121,095 | 45,788,357 | 2159% | 301% | 2,725,939 | 43,759,933 | 1605% | 284% |
| 2034 | 1,739,329 | 41,331,300 | 2376% | 308% | 2,235,310 | 39,500,324 | 1767% | 291% |
| 2035 | 1,411,700 | 36,559,279 | 2590% | 315% | 1,814,256 | 34,939,703 | 1926% | 296% |
| 2036 | 1,133,458 | 31,664,268 | 2794% | 321% | 1,456,672 | 30,261,541 | 2077% | 301% |
| 2037 | 899,489 | 26,904,576 | 2991% | 325% | 1,155,985 | 25,712,703 | 2224% | 306% |
| 2038 | 705,172 | 22,442,133 | 3183% | 330% | 906,256 | 21,447,946 | 2367% | 309% |
| 2039 | 545,576 | 18,355,792 | 3364% | 333% | 701,151 | 17,542,631 | 2502% | 312% |
| 2040 | 416,162 | 14,681,669 | 3528% | 336% | 534,833 | 14,031,271 | 2623% | 315% |
| 2041 | 312,736 | 11,475,216 | 3669% | 338% | 401,915 | 10,966,864 | 2729% | 317% |
| 2042 | 231,252 | 8,784,647 | 3799% | 339% | 297,195 | 8,395,487 | 2825% | 318% |
| 2043 | 168,073 | 6,567,672 | 3908% | 341% | 216,000 | 6,276,724 | 2906% | 319% |
| 2044 | 120,000 | 4,778,264 | 3982% | 341% | 154,219 | 4,566,587 | 2961% | 320% |
| 2045 | 84,121 | 3,396,980 | 4038% | 342% | 108,108 | 3,246,494 | 3003% | 320% |
| 2046 | 57,913 | 2,382,094 | 4113% | 342% | 74,427 | 2,276,567 | 3059% | 321% |
| 2047 | 39,207 | 1,666,594 | 4251% | 343% | 50,388 | 1,592,764 | 3161% | 321% |
| 2048 | 26,167 | 1,171,784 | 4478% | 343% | 33,629 | 1,119,874 | 3330% | 321% |
| 2049 | 17,288 | 827,684 | 4788% | 343% | 22,218 | 791,017 | 3560% | 322% |
| 2050 | 11,372 | 592,803 | 5213% | 343% | 14,614 | 566,542 | 3877% | 322% |
| 2051 | 7,501 | 434,610 | 5794% | 343% | 9,640 | 415,357 | 4309% | 322% |
| 2052 | 5,002 | 323,529 | 6469% | 343% | 6,428 | 309,196 | 4810% | 322% |
| 2053 | 3,398 | 245,409 | 7221% | 343% | 4,367 | 234,538 | 5370% | 322% |
| 2054 | 2,362 | 192,302 | 8140% | 343% | 3,036 | 183,783 | 6053% | 322% |
| 2055 | 1,686 | 155,479 | 9224% | 344% | 2,166 | 148,591 | 6859% | 322% |
| 2056 | 1,232 | 129,980 | 10549% | 344% | 1,583 | 124,222 | 7845% | 322% |
| 2057 | 917 | 108,409 | 11823% | 344% | 1,178 | 103,607 | 8792% | 322% |
| 2058 | 693 | 89,741 | 12956% | 344% | 890 | 85,765 | 9635% | 322% |
| 2059 | 529 | 76,757 | 14510% | 344% | 680 | 73,356 | 10790% | 322% |
| 2060 | 404 | 65,782 | 16282% | 344% | 519 | 62,868 | 12108% | 322% |
| 2061 | 309 | 55,902 | 18100% | 344% | 397 | 53,425 | 13460% | 322% |
| 2062 | 235 | 47,528 | 20218% | 344% | 302 | 45,423 | 15035% | 322% |
| 2063 | 177 | 39,960 | 22521% | 344% | 228 | 38,190 | 16747% | 322% |
| 2064 | 133 | 32,532 | 24474% | 344% | 171 | 31,091 | 18200% | 322% |
| 2065 | 97 | 25,030 | 25689% | 344% | 125 | 23,921 | 19104% | 322% |
| 2066 | 70 | 17,432 | 25079% | 344% | 89 | 16,660 | 18650% | 322% |
| 2067 | 48 | 11,322 | 23454% | 344% | 62 | 10,821 | 17441% | 322% |
| 2068 | 33 | 7,149 | 21966% | 344% | 42 | 6,833 | 16335% | 322% |
| 2069 | 21 | 4,366 | 20617% | 344% | 27 | 4,172 | 15332% | 322% |
| 2070 | 13 | 2,583 | 19438% | 344% | 17 | 2,468 | 14455% | 322% |
| 2071 | 8 | 1,486 | 18518% | 344% | 10 | 1,420 | 13771% | 322% |
| 2072 | 5 | 828 | 17859% | 344% | 6 | 791 | 13281% | 322% |
| 2073 | 3 | 446 | 17349% | 344% | 3 | 427 | 12901% | 322% |
| 2074 | 1 | 232 | 17040% | 344% | 2 | 222 | 12672% | 322% |
| 2075 | 1 | 114 | 16458% | 344% | 1 | 109 | 12239% | 322% |
| 2076 | 0 | 51 | 15008% | 344% | 0 | 49 | 11161% | 322% |
| 2077 | 0 | 21 | 13216% | 344% | 0 | 20 | 9828% | 322% |
| 2078 | 0 | 8 | 11537% | 344% | 0 | 7 | 8579% | 322% |
| 2079 | 0 | 2 | 9962% | 344% | 0 | 2 | 7408% | 322% |
| Total Projected | 88,016,077 | 998,512,932 | 1134% | 1134% | 110,276,370 | 962,619,230 | 873% | 873% |
| Total Lifetime | 496,129,717 | 1,704,921,768 | 344% | 344% | 518,390,010 | 1,669,028,067 | 322% | 322% |
| Values Accumulated/Discounted to 12/31/2020 at Maximum Statutory Valuation Interest Rates | | | | | | | | |
| Past | 890,555,934 | 1,109,735,965 | 125% | 125% | 890,555,934 | 1,109,735,965 | 125% | 125% |
| Future | 67,470,790 | 666,679,912 | 988% | 988% | 83,956,578 | 644,842,936 | 768% | 768% |
| Lifetime | 958,026,724 | 1,776,415,877 | 185% | 185% | 974,512,512 | 1,754,578,901 | 180% | 180% |

Exhibit 4a
Continental Casualty Company
LTC1 - Policy Forms with Lifetime Benefits & Standard Inflation
Pennsylvania Specific Experience and Projections

| Year | Without Rate Increase | | | | With 34.5% Cumulative Rate Increase | | | |
|--|-----------------------|-----------------|-------------------|-----------------------|-------------------------------------|-----------------|-------------------|-----------------------|
| | Earned Premium | Incurred Claims | Annual Loss Ratio | Cumulative Loss Ratio | Earned Premium | Incurred Claims | Annual Loss Ratio | Cumulative Loss Ratio |
| Historical | | | | | | | | |
| 1988 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1989 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1990 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1991 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1992 | 90,257 | 9,289 | 10% | 10% | 90,257 | 9,289 | 10% | 10% |
| 1993 | 617,655 | 640 | 0% | 1% | 617,655 | 640 | 0% | 1% |
| 1994 | 939,215 | 6,951 | 1% | 1% | 939,215 | 6,951 | 1% | 1% |
| 1995 | 929,096 | 990 | 0% | 1% | 929,096 | 990 | 0% | 1% |
| 1996 | 883,918 | 375,559 | 42% | 11% | 883,918 | 375,559 | 42% | 11% |
| 1997 | 881,290 | 199,412 | 23% | 14% | 881,290 | 199,412 | 23% | 14% |
| 1998 | 854,662 | 593,905 | 69% | 23% | 854,662 | 593,905 | 69% | 23% |
| 1999 | 828,242 | 70,812 | 9% | 21% | 828,242 | 70,812 | 9% | 21% |
| 2000 | 812,441 | 477,678 | 59% | 25% | 812,441 | 477,678 | 59% | 25% |
| 2001 | 783,254 | 554,896 | 71% | 30% | 783,254 | 554,896 | 71% | 30% |
| 2002 | 774,275 | 731,157 | 94% | 36% | 774,275 | 731,157 | 94% | 36% |
| 2003 | 834,648 | 150,787 | 18% | 34% | 834,648 | 150,787 | 18% | 34% |
| 2004 | 1,030,090 | 975,550 | 95% | 40% | 1,030,090 | 975,550 | 95% | 40% |
| 2005 | 1,096,751 | 1,284,164 | 117% | 48% | 1,096,751 | 1,284,164 | 117% | 48% |
| 2006 | 1,003,387 | 2,002,879 | 200% | 60% | 1,003,387 | 2,002,879 | 200% | 60% |
| 2007 | 981,447 | 3,441,646 | 351% | 82% | 981,447 | 3,441,646 | 351% | 82% |
| 2008 | 946,275 | 937,248 | 99% | 83% | 946,275 | 937,248 | 99% | 83% |
| 2009 | 913,161 | 1,139,448 | 125% | 85% | 913,161 | 1,139,448 | 125% | 85% |
| 2010 | 878,486 | 1,080,431 | 123% | 87% | 878,486 | 1,080,431 | 123% | 87% |
| 2011 | 848,315 | 2,608,335 | 307% | 98% | 848,315 | 2,608,335 | 307% | 98% |
| 2012 | 832,619 | 1,683,803 | 202% | 103% | 832,619 | 1,683,803 | 202% | 103% |
| 2013 | 879,668 | 3,281,114 | 373% | 116% | 879,668 | 3,281,114 | 373% | 116% |
| 2014 | 893,766 | 1,441,929 | 161% | 118% | 893,766 | 1,441,929 | 161% | 118% |
| 2015 | 828,497 | 4,416,064 | 533% | 135% | 828,497 | 4,416,064 | 533% | 135% |
| 2016 | 765,612 | 2,782,361 | 363% | 143% | 765,612 | 2,782,361 | 363% | 143% |
| 2017 | 810,727 | 3,672,591 | 453% | 155% | 810,727 | 3,672,591 | 453% | 155% |
| 2018 | 797,888 | 5,239,587 | 657% | 172% | 797,888 | 5,239,587 | 657% | 172% |
| 2019 | 813,061 | 2,655,996 | 327% | 178% | 813,061 | 2,655,996 | 327% | 178% |
| 2020 | 731,238 | 7,830,101 | 1071% | 204% | 731,238 | 7,830,101 | 1071% | 204% |
| Total Actual | 24,279,942 | 49,645,322 | 204% | 204% | 24,279,942 | 49,645,322 | 204% | 204% |
| Projected | | | | | | | | |
| 2021 | 761,080 | 4,413,597 | 580% | 216% | 806,345 | 4,374,493 | 543% | 215% |
| 2022 | 696,921 | 5,127,065 | 734% | 230% | 879,253 | 5,168,781 | 588% | 228% |
| 2023 | 635,992 | 4,887,598 | 768% | 243% | 817,350 | 4,904,631 | 600% | 239% |
| 2024 | 574,650 | 5,115,213 | 890% | 257% | 738,515 | 4,888,609 | 662% | 251% |
| 2025 | 514,967 | 5,297,169 | 1029% | 271% | 661,813 | 5,062,505 | 765% | 263% |
| 2026 | 457,411 | 5,416,661 | 1184% | 286% | 587,844 | 5,176,703 | 881% | 275% |
| 2027 | 402,535 | 5,466,724 | 1358% | 301% | 517,321 | 5,224,548 | 1010% | 288% |
| 2028 | 350,576 | 5,406,431 | 1542% | 317% | 450,546 | 5,166,926 | 1147% | 301% |
| 2029 | 301,888 | 5,287,985 | 1752% | 332% | 387,973 | 5,053,727 | 1303% | 314% |
| 2030 | 257,451 | 5,083,162 | 1974% | 346% | 330,864 | 4,857,978 | 1468% | 327% |
| 2031 | 217,519 | 4,808,807 | 2211% | 360% | 279,546 | 4,595,777 | 1644% | 339% |
| 2032 | 182,041 | 4,465,076 | 2453% | 373% | 233,952 | 4,267,273 | 1824% | 350% |
| 2033 | 150,846 | 4,087,750 | 2710% | 384% | 193,861 | 3,906,663 | 2015% | 360% |
| 2034 | 123,693 | 3,694,392 | 2987% | 395% | 158,965 | 3,530,731 | 2221% | 370% |
| 2035 | 100,295 | 3,267,379 | 3258% | 405% | 128,895 | 3,122,634 | 2423% | 378% |
| 2036 | 80,431 | 2,827,189 | 3515% | 413% | 103,367 | 2,701,945 | 2614% | 385% |
| 2037 | 63,743 | 2,392,083 | 3753% | 420% | 81,919 | 2,286,114 | 2791% | 392% |
| 2038 | 49,912 | 1,991,165 | 3989% | 426% | 64,144 | 1,902,957 | 2967% | 397% |
| 2039 | 38,604 | 1,629,312 | 4221% | 431% | 49,612 | 1,557,134 | 3139% | 401% |
| 2040 | 29,484 | 1,313,142 | 4454% | 435% | 37,892 | 1,254,969 | 3312% | 405% |
| 2041 | 22,251 | 1,039,263 | 4671% | 438% | 28,596 | 993,224 | 3473% | 407% |
| 2042 | 16,600 | 813,358 | 4900% | 440% | 21,333 | 777,326 | 3644% | 410% |
| 2043 | 12,264 | 632,682 | 5159% | 442% | 15,761 | 604,654 | 3836% | 411% |
| 2044 | 8,992 | 487,654 | 5423% | 444% | 11,556 | 466,051 | 4033% | 413% |
| 2045 | 6,571 | 373,021 | 5677% | 445% | 8,444 | 356,496 | 4222% | 414% |
| 2046 | 4,806 | 283,450 | 5897% | 446% | 6,177 | 270,894 | 4386% | 414% |
| 2047 | 3,545 | 218,374 | 6160% | 446% | 4,556 | 208,700 | 4581% | 415% |
| 2048 | 2,656 | 172,853 | 6509% | 447% | 3,413 | 165,196 | 4840% | 415% |
| 2049 | 2,030 | 139,871 | 6890% | 447% | 2,609 | 133,675 | 5124% | 416% |
| 2050 | 1,594 | 115,988 | 7276% | 448% | 2,049 | 110,850 | 5411% | 416% |
| 2051 | 1,287 | 99,587 | 7740% | 448% | 1,654 | 95,175 | 5756% | 416% |
| 2052 | 1,065 | 88,984 | 8359% | 448% | 1,368 | 85,042 | 6216% | 417% |
| 2053 | 897 | 81,764 | 9111% | 449% | 1,153 | 78,142 | 6775% | 417% |
| 2054 | 765 | 76,475 | 10002% | 449% | 983 | 73,087 | 7438% | 417% |
| 2055 | 657 | 72,083 | 10965% | 449% | 845 | 68,890 | 8154% | 417% |
| 2056 | 566 | 69,495 | 12276% | 449% | 728 | 66,416 | 9129% | 418% |
| 2057 | 485 | 65,819 | 13569% | 449% | 623 | 62,903 | 10090% | 418% |
| 2058 | 414 | 61,573 | 14884% | 450% | 532 | 58,845 | 11068% | 418% |
| 2059 | 350 | 59,024 | 16846% | 450% | 450 | 56,409 | 12528% | 418% |
| 2060 | 291 | 54,868 | 18829% | 450% | 374 | 52,437 | 14002% | 418% |
| 2061 | 239 | 49,365 | 20620% | 450% | 308 | 47,178 | 15334% | 418% |
| 2062 | 193 | 43,719 | 22599% | 450% | 249 | 41,782 | 16806% | 419% |
| 2063 | 153 | 37,795 | 24649% | 450% | 197 | 36,121 | 18330% | 419% |
| 2064 | 120 | 31,335 | 26221% | 451% | 154 | 29,947 | 19499% | 419% |
| 2065 | 90 | 24,389 | 27026% | 451% | 116 | 23,309 | 20098% | 419% |
| 2066 | 66 | 17,103 | 25990% | 451% | 85 | 16,345 | 19327% | 419% |
| 2067 | 46 | 11,161 | 24032% | 451% | 60 | 10,666 | 17871% | 419% |
| 2068 | 32 | 7,075 | 22336% | 451% | 41 | 6,761 | 16610% | 419% |
| 2069 | 21 | 4,335 | 20858% | 451% | 27 | 4,143 | 15511% | 419% |
| 2070 | 13 | 2,571 | 19590% | 451% | 17 | 2,457 | 14568% | 419% |
| 2071 | 8 | 1,482 | 18610% | 451% | 10 | 1,416 | 13839% | 419% |
| 2072 | 5 | 827 | 17913% | 451% | 6 | 790 | 13321% | 419% |
| 2073 | 3 | 446 | 17377% | 451% | 3 | 426 | 12923% | 419% |
| 2074 | 1 | 232 | 17053% | 451% | 2 | 222 | 12682% | 419% |
| 2075 | 1 | 114 | 16462% | 451% | 1 | 109 | 12242% | 419% |
| 2076 | 0 | 51 | 15010% | 451% | 0 | 49 | 11162% | 419% |
| 2077 | 0 | 21 | 13217% | 451% | 0 | 20 | 9829% | 419% |
| 2078 | 0 | 8 | 11537% | 451% | 0 | 7 | 8579% | 419% |
| 2079 | 0 | 2 | 9963% | 451% | 0 | 2 | 7409% | 419% |
| Total Projected | 6,081,117 | 87,216,115 | 1434% | 1434% | 7,624,456 | 84,011,258 | 1102% | 1102% |
| Total Lifetime | 30,361,059 | 136,861,437 | 451% | 451% | 31,904,398 | 133,656,580 | 419% | 419% |
| Values Accumulated/Discounted to 12/31/2020 at Maximum Statutory Valuation Interest Rates | | | | | | | | |
| Past | 53,574,976 | 74,871,043 | 140% | 140% | 53,574,976 | 74,871,043 | 140% | 140% |
| Future | 4,636,178 | 56,966,459 | 1229% | 1229% | 5,773,139 | 55,050,537 | 954% | 954% |
| Lifetime | 58,211,154 | 131,837,502 | 226% | 226% | 59,348,115 | 129,921,580 | 219% | 219% |

Exhibit 1b
Continental Casualty Company
Premier Classic - Policy Forms with Lifetime Benefits & Standard Inflation
State Specific Information
Pennsylvania

12) Average Annualized Premium as of 12/31/2020

| | Nationwide | Pennsylvania |
|------------------|------------|--------------|
| Without Increase | \$2,768 | \$3,282 |
| With Increase | \$3,523 | \$4,177 |

13) Insured Count and Premium as of 12/31/2020

Insureds Eligible for Rate Increase

| | Nationwide | Pennsylvania |
|-------------------------|-------------|--------------|
| Insureds Not on Claim | 2,027 | 191 |
| Insureds on Claim | 373 | 43 |
| Total Insureds | 2,400 | 234 |
| 2020 Annualized Premium | \$6,644,346 | \$767,911 |

Insureds Not Eligible for Rate Increase

| | Nationwide | Pennsylvania |
|---|------------|--------------|
| Non-Forfeiture Insureds Not on Claim | 187 | 39 |
| Non-Forfeiture Insureds on Claim | 6 | 1 |
| Paid-Up Limited Pay Insureds Not on Claim | 0 | 0 |
| Paid-Up Limited Pay Insureds on Claim | 0 | 0 |
| Total Non-Forfeiture and Paid-Up Insureds | 193 | 40 |

18) History of Rate Adjustments

| SERFF Number | Approval Date | Rate Increase Approved |
|----------------|---------------|------------------------|
| N/A | 7/10/2003 | 50.0% |
| CNAB-127154621 | 9/2/2011 | 25.0%* |
| CNAB-130150831 | 3/23/2016 | 20.0% |
| CNAB-131276497 | 4/3/2018 | 20.0%** |
| CNAB-132346264 | 8/22/2020 | 5.0% |

*Implemented over a two-year period (11.8%, 11.8%)**

*Implemented over a two-year period (9.54%, 9.54%)***

20) Satisfaction of Minimum Loss Ratio Requirements

| | |
|---|------|
| 1) Expected Lifetime Loss Ratio with Increase | 156% |
| 2) Minimum Required Loss Ratio | 60% |
| Is 1) Greater than 2)? | Yes |

Exhibit 2b
Continental Casualty Company
Premier Classic - Policy Forms with Lifetime Benefits & Standard Inflation
Distribution of Inforce Insureds Eligible for Rate Increase
Pennsylvania

| | | Nationwide | | | | Pennsylvania | | | |
|----------------|---------------|--------------|-------------|--------------------|--------------|--------------|-------------|------------------|--------------|
| | | Count | % of Count | Premium | % of Premium | Count | % of Count | Premium | % of Premium |
| Issue Year | 1987 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 1988 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 1989 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 1990 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 1991 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 1992 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 1993 | 40 | 2% | \$97,999 | 1% | 0 | 0% | \$0 | 0% |
| | 1994 | 628 | 26% | \$1,662,666 | 25% | 77 | 33% | \$236,557 | 31% |
| | 1995 | 782 | 33% | \$2,138,499 | 32% | 59 | 25% | \$180,835 | 24% |
| | 1996 | 703 | 29% | \$2,029,110 | 31% | 88 | 38% | \$317,146 | 41% |
| | 1997 | 127 | 5% | \$348,881 | 5% | 8 | 3% | \$25,482 | 3% |
| | 1998 | 109 | 5% | \$335,757 | 5% | 1 | 0% | \$4,126 | 1% |
| | 1999 | 11 | 0% | \$31,433 | 0% | 1 | 0% | \$3,766 | 0% |
| | 2000 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2001 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2002 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2003 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2004 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2005 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2006 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2007 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2008 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2009 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2010 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2011 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2012 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2013 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2014 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2015 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2016 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2017 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 2018 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| Total | | 2,400 | 100% | \$6,644,346 | 100% | 234 | 100% | \$767,911 | 100% |
| Issue Age | <35 | 2 | 0% | \$4,546 | 0% | 0 | 0% | \$0 | 0% |
| | 35-39 | 11 | 0% | \$16,726 | 0% | 2 | 1% | \$2,897 | 0% |
| | 40-44 | 44 | 2% | \$80,379 | 1% | 2 | 1% | \$4,668 | 1% |
| | 45-49 | 290 | 12% | \$549,623 | 8% | 24 | 10% | \$50,135 | 7% |
| | 50-54 | 563 | 23% | \$1,256,403 | 19% | 60 | 26% | \$155,746 | 20% |
| | 55-59 | 687 | 29% | \$1,887,032 | 28% | 78 | 33% | \$263,270 | 34% |
| | 60-64 | 588 | 25% | \$1,932,487 | 29% | 54 | 23% | \$217,919 | 28% |
| | 65-69 | 197 | 8% | \$825,797 | 12% | 12 | 5% | \$61,540 | 8% |
| | 70-74 | 16 | 1% | \$70,520 | 1% | 2 | 1% | \$11,736 | 2% |
| | 75-79 | 2 | 0% | \$20,832 | 0% | 0 | 0% | \$0 | 0% |
| | 80+ | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | Total | 2,400 | 100% | \$6,644,346 | 100% | 234 | 100% | \$767,911 | 100% |
| Attained Age | <45 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 45-49 | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | 50-54 | 1 | 0% | \$1,578 | 0% | 0 | 0% | \$0 | 0% |
| | 55-59 | 4 | 0% | \$9,349 | 0% | 0 | 0% | \$0 | 0% |
| | 60-64 | 12 | 1% | \$19,615 | 0% | 2 | 1% | \$2,897 | 0% |
| | 65-69 | 56 | 2% | \$102,746 | 2% | 4 | 2% | \$9,199 | 1% |
| | 70-74 | 296 | 12% | \$586,935 | 9% | 19 | 8% | \$41,689 | 5% |
| | 75-79 | 544 | 23% | \$1,233,762 | 19% | 54 | 23% | \$141,028 | 18% |
| | 80-84 | 652 | 27% | \$1,779,502 | 27% | 88 | 38% | \$288,759 | 38% |
| | 85-89 | 587 | 24% | \$1,930,131 | 29% | 49 | 21% | \$189,573 | 25% |
| | 90+ | 248 | 10% | \$980,728 | 15% | 18 | 8% | \$94,766 | 12% |
| | Total | 2,400 | 100% | \$6,644,346 | 100% | 234 | 100% | \$767,911 | 100% |
| Gender | Male | 868 | 36% | \$2,454,991 | 37% | 80 | 34% | \$266,526 | 35% |
| | Female | 1,532 | 64% | \$4,189,355 | 63% | 154 | 66% | \$501,385 | 65% |
| | Total | 2,400 | 100% | \$6,644,346 | 100% | 234 | 100% | \$767,911 | 100% |
| Inflation Type | None | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | Simple | 1,036 | 43% | \$2,743,965 | 41% | 101 | 43% | \$317,657 | 41% |
| | Compound | 1,364 | 57% | \$3,900,380 | 59% | 133 | 57% | \$450,254 | 59% |
| | Total | 2,400 | 100% | \$6,644,346 | 100% | 234 | 100% | \$767,911 | 100% |
| Tax Status | TQ | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | NTQ | 2,400 | 100% | \$6,644,346 | 100% | 234 | 100% | \$767,911 | 100% |
| | Total | 2,400 | 100% | \$6,644,346 | 100% | 234 | 100% | \$767,911 | 100% |
| Max Benefit | Lifetime | 2,400 | 100% | \$6,644,346 | 100% | 234 | 100% | \$767,911 | 100% |
| | Not Lifetime | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | Total | 2,400 | 100% | \$6,644,346 | 100% | 234 | 100% | \$767,911 | 100% |
| Cov Type | Facility Only | 0 | 0% | \$0 | 0% | 0 | 0% | \$0 | 0% |
| | Comprehensive | 2,400 | 100% | \$6,644,346 | 100% | 234 | 100% | \$767,911 | 100% |
| | Total | 2,400 | 100% | \$6,644,346 | 100% | 234 | 100% | \$767,911 | 100% |

Exhibit 3b
Continental Casualty Company
Premier Classic - Policy Forms with Lifetime Benefits & Standard Inflation
Nationwide Historical and Projected Experience Restated with Approved Pennsylvania Rate Increases

| Year | Without Rate Increase | | | | With 27.3% Cumulative Rate Increase | | | |
|--|-----------------------|-----------------|-------------------|-----------------------|-------------------------------------|-----------------|-------------------|-----------------------|
| | Earned Premium | Incurred Claims | Annual Loss Ratio | Cumulative Loss Ratio | Earned Premium | Incurred Claims | Annual Loss Ratio | Cumulative Loss Ratio |
| Historical | | | | | | | | |
| 1988 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1989 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1990 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1991 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1992 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1993 | 28,459 | - | 0% | 0% | 28,459 | - | 0% | 0% |
| 1994 | 1,524,387 | 149,304 | 10% | 10% | 1,524,387 | 149,304 | 10% | 10% |
| 1995 | 4,960,434 | 50,724 | 1% | 3% | 4,960,434 | 50,724 | 1% | 3% |
| 1996 | 7,432,845 | 715,259 | 10% | 7% | 7,432,845 | 715,259 | 10% | 7% |
| 1997 | 8,854,896 | 323,987 | 4% | 5% | 8,854,896 | 323,987 | 4% | 5% |
| 1998 | 9,182,765 | 1,841,868 | 20% | 10% | 9,182,765 | 1,841,868 | 20% | 10% |
| 1999 | 9,076,377 | 4,339,067 | 48% | 18% | 9,076,377 | 4,339,067 | 48% | 18% |
| 2000 | 8,826,012 | 2,011,809 | 23% | 19% | 8,826,012 | 2,011,809 | 23% | 19% |
| 2001 | 8,545,269 | 4,276,238 | 50% | 23% | 8,545,269 | 4,276,238 | 50% | 23% |
| 2002 | 8,318,290 | 4,348,694 | 52% | 27% | 8,318,290 | 4,348,694 | 52% | 27% |
| 2003 | 8,051,207 | 4,006,260 | 50% | 29% | 8,051,207 | 4,006,260 | 50% | 29% |
| 2004 | 11,385,599 | 3,542,812 | 31% | 30% | 11,385,599 | 3,542,812 | 31% | 30% |
| 2005 | 11,336,272 | 7,821,522 | 69% | 34% | 11,336,272 | 7,821,522 | 69% | 34% |
| 2006 | 10,337,368 | 6,220,685 | 60% | 37% | 10,337,368 | 6,220,685 | 60% | 37% |
| 2007 | 10,128,677 | 5,215,041 | 51% | 38% | 10,128,677 | 5,215,041 | 51% | 38% |
| 2008 | 9,788,820 | 8,276,128 | 85% | 42% | 9,788,820 | 8,276,128 | 85% | 42% |
| 2009 | 9,369,766 | 12,018,292 | 128% | 48% | 9,369,766 | 12,018,292 | 128% | 48% |
| 2010 | 8,937,347 | 15,216,895 | 170% | 55% | 8,937,347 | 15,216,895 | 170% | 55% |
| 2011 | 8,570,691 | 17,004,427 | 198% | 63% | 8,570,691 | 17,004,427 | 198% | 63% |
| 2012 | 8,968,196 | 20,300,975 | 226% | 72% | 8,968,196 | 20,300,975 | 226% | 72% |
| 2013 | 9,318,195 | 20,778,593 | 223% | 80% | 9,318,195 | 20,778,593 | 223% | 80% |
| 2014 | 8,872,765 | 17,274,919 | 195% | 86% | 8,872,765 | 17,274,919 | 195% | 86% |
| 2015 | 8,194,356 | 21,771,174 | 266% | 93% | 8,194,356 | 21,771,174 | 266% | 93% |
| 2016 | 8,170,032 | 22,015,630 | 269% | 101% | 8,170,032 | 22,015,630 | 269% | 101% |
| 2017 | 8,462,788 | 27,426,277 | 324% | 110% | 8,462,788 | 27,426,277 | 324% | 110% |
| 2018 | 7,922,749 | 25,017,407 | 316% | 117% | 7,922,749 | 25,017,407 | 316% | 117% |
| 2019 | 7,707,516 | 36,704,388 | 476% | 130% | 7,707,516 | 36,704,388 | 476% | 130% |
| 2020 | 7,917,896 | 25,082,970 | 317% | 136% | 7,917,896 | 25,082,970 | 317% | 136% |
| Total Actual | 230,189,973 | 313,751,343 | 136% | 136% | 230,189,973 | 313,751,343 | 136% | 136% |
| Projected | | | | | | | | |
| 2021 | 7,728,773 | 31,050,609 | 402% | 145% | 8,093,223 | 30,833,255 | 381% | 145% |
| 2022 | 6,998,388 | 34,322,320 | 490% | 155% | 8,441,348 | 34,903,225 | 413% | 154% |
| 2023 | 6,275,721 | 31,274,611 | 498% | 163% | 7,707,461 | 31,688,999 | 411% | 162% |
| 2024 | 5,589,206 | 31,023,308 | 555% | 172% | 6,864,325 | 29,937,492 | 436% | 169% |
| 2025 | 4,939,324 | 30,403,098 | 616% | 180% | 6,066,180 | 29,338,990 | 484% | 176% |
| 2026 | 4,329,825 | 29,597,225 | 684% | 188% | 5,317,630 | 28,561,322 | 537% | 183% |
| 2027 | 3,763,836 | 28,664,927 | 762% | 196% | 4,622,516 | 27,661,655 | 598% | 190% |
| 2028 | 3,241,416 | 27,535,982 | 850% | 204% | 3,980,911 | 26,572,222 | 667% | 197% |
| 2029 | 2,764,760 | 26,182,291 | 947% | 212% | 3,395,511 | 25,265,910 | 744% | 203% |
| 2030 | 2,340,946 | 24,710,791 | 1056% | 219% | 2,875,008 | 23,845,913 | 829% | 209% |
| 2031 | 1,969,053 | 23,146,464 | 1176% | 225% | 2,418,271 | 22,336,337 | 924% | 215% |
| 2032 | 1,644,825 | 21,522,069 | 1308% | 232% | 2,020,075 | 20,768,797 | 1028% | 221% |
| 2033 | 1,364,133 | 19,876,787 | 1457% | 238% | 1,675,346 | 19,181,100 | 1145% | 226% |
| 2034 | 1,122,805 | 18,147,588 | 1616% | 243% | 1,378,961 | 17,512,422 | 1270% | 231% |
| 2035 | 917,217 | 16,358,189 | 1783% | 248% | 1,126,471 | 15,785,653 | 1401% | 236% |
| 2036 | 743,476 | 14,529,624 | 1954% | 253% | 913,092 | 14,021,087 | 1536% | 240% |
| 2037 | 597,718 | 12,744,920 | 2132% | 256% | 734,081 | 12,298,848 | 1675% | 243% |
| 2038 | 476,439 | 11,035,255 | 2316% | 260% | 585,134 | 10,649,021 | 1820% | 246% |
| 2039 | 376,572 | 9,408,036 | 2498% | 263% | 462,483 | 9,078,755 | 1963% | 249% |
| 2040 | 295,054 | 7,903,987 | 2679% | 265% | 362,368 | 7,627,347 | 2105% | 251% |
| 2041 | 229,305 | 6,535,210 | 2850% | 267% | 281,619 | 6,306,478 | 2239% | 253% |
| 2042 | 176,764 | 5,347,415 | 3025% | 269% | 217,091 | 5,160,255 | 2377% | 255% |
| 2043 | 135,174 | 4,326,895 | 3201% | 270% | 166,013 | 4,175,454 | 2515% | 256% |
| 2044 | 102,659 | 3,446,293 | 3357% | 272% | 126,079 | 3,325,672 | 2638% | 257% |
| 2045 | 77,512 | 2,710,218 | 3497% | 272% | 95,196 | 2,615,360 | 2747% | 258% |
| 2046 | 58,282 | 2,107,534 | 3616% | 273% | 71,579 | 2,033,771 | 2841% | 258% |
| 2047 | 43,720 | 1,644,193 | 3761% | 274% | 53,695 | 1,586,646 | 2955% | 259% |
| 2048 | 32,759 | 1,293,643 | 3949% | 274% | 40,233 | 1,248,366 | 3103% | 259% |
| 2049 | 24,564 | 1,021,183 | 4157% | 274% | 30,169 | 985,442 | 3266% | 259% |
| 2050 | 18,474 | 815,484 | 4414% | 275% | 22,689 | 786,942 | 3468% | 260% |
| 2051 | 13,960 | 649,141 | 4650% | 275% | 17,145 | 626,421 | 3654% | 260% |
| 2052 | 10,599 | 526,517 | 4968% | 275% | 13,017 | 508,089 | 3903% | 260% |
| 2053 | 8,089 | 425,503 | 5260% | 275% | 9,935 | 410,611 | 4133% | 260% |
| 2054 | 6,203 | 343,534 | 5538% | 275% | 7,619 | 331,511 | 4351% | 260% |
| 2055 | 4,767 | 280,434 | 5883% | 275% | 5,854 | 270,618 | 4622% | 260% |
| 2056 | 3,667 | 226,743 | 6184% | 275% | 4,503 | 218,807 | 4859% | 260% |
| 2057 | 2,815 | 183,032 | 6503% | 275% | 3,457 | 176,626 | 5110% | 260% |
| 2058 | 2,139 | 145,889 | 6821% | 276% | 2,627 | 140,783 | 5360% | 260% |
| 2059 | 1,612 | 113,424 | 7038% | 276% | 1,979 | 109,454 | 5530% | 261% |
| 2060 | 1,198 | 86,564 | 7223% | 276% | 1,472 | 83,534 | 5675% | 261% |
| 2061 | 879 | 64,181 | 7302% | 276% | 1,079 | 61,935 | 5738% | 261% |
| 2062 | 633 | 46,213 | 7299% | 276% | 778 | 44,596 | 5735% | 261% |
| 2063 | 447 | 33,408 | 7474% | 276% | 549 | 32,239 | 5872% | 261% |
| 2064 | 309 | 23,993 | 7771% | 276% | 379 | 23,153 | 6106% | 261% |
| 2065 | 207 | 16,698 | 8070% | 276% | 254 | 16,113 | 6341% | 261% |
| 2066 | 134 | 10,926 | 8155% | 276% | 165 | 10,544 | 6408% | 261% |
| 2067 | 84 | 6,629 | 7866% | 276% | 103 | 6,397 | 6180% | 261% |
| 2068 | 52 | 3,920 | 7593% | 276% | 63 | 3,783 | 5966% | 261% |
| 2069 | 31 | 2,250 | 7305% | 276% | 38 | 2,171 | 5740% | 261% |
| 2070 | 18 | 1,250 | 6993% | 276% | 22 | 1,207 | 5495% | 261% |
| 2071 | 10 | 676 | 6708% | 276% | 12 | 652 | 5271% | 261% |
| 2072 | 5 | 355 | 6463% | 276% | 7 | 342 | 5078% | 261% |
| 2073 | 3 | 180 | 6260% | 276% | 4 | 174 | 4918% | 261% |
| 2074 | 1 | 89 | 6104% | 276% | 2 | 86 | 4796% | 261% |
| 2075 | 1 | 42 | 5901% | 276% | 1 | 40 | 4637% | 261% |
| 2076 | 0 | 18 | 5372% | 276% | 0 | 17 | 4221% | 261% |
| 2077 | 0 | 7 | 4616% | 276% | 0 | 7 | 3627% | 261% |
| 2078 | 0 | 2 | 3878% | 276% | 0 | 2 | 3047% | 261% |
| 2079 | 0 | 1 | 3176% | 276% | 0 | 1 | 2496% | 261% |
| Total Projected | 58,436,566 | 481,877,769 | 825% | 825% | 70,215,821 | 469,172,651 | 668% | 668% |
| Total Lifetime | 288,626,539 | 795,629,113 | 276% | 276% | 300,405,794 | 782,923,994 | 261% | 261% |
| Values Accumulated/Discounted to 12/31/2020 at Maximum Statutory Valuation Interest Rates | | | | | | | | |
| Past | 438,980,252 | 447,476,498 | 102% | 102% | 438,980,252 | 447,476,498 | 102% | 102% |
| Future | 45,917,930 | 332,704,094 | 725% | 725% | 54,882,658 | 324,921,583 | 592% | 592% |
| Lifetime | 484,898,182 | 780,180,592 | 161% | 161% | 493,862,910 | 772,398,082 | 156% | 156% |

Exhibit 4b
Continental Casualty Company
Premier Classic - Policy Forms with Lifetime Benefits & Standard Inflation
Pennsylvania Specific Experience and Projections

| Year | Without Rate Increase | | | | With 27.3% Cumulative Rate Increase | | | |
|--|-----------------------|-----------------|-------------------|-----------------------|-------------------------------------|-----------------|-------------------|-----------------------|
| | Earned Premium | Incurred Claims | Annual Loss Ratio | Cumulative Loss Ratio | Earned Premium | Incurred Claims | Annual Loss Ratio | Cumulative Loss Ratio |
| Historical | | | | | | | | |
| 1988 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1989 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1990 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1991 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1992 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1993 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1994 | 146,575 | - | 0% | 0% | 146,575 | - | 0% | 0% |
| 1995 | 553,079 | 9,493 | 2% | 1% | 553,079 | 9,493 | 2% | 1% |
| 1996 | 816,815 | - | 0% | 1% | 816,815 | - | 0% | 1% |
| 1997 | 988,513 | - | 0% | 0% | 988,513 | - | 0% | 0% |
| 1998 | 966,195 | 6,804 | 1% | 0% | 966,195 | 6,804 | 1% | 0% |
| 1999 | 956,642 | 343,677 | 36% | 8% | 956,642 | 343,677 | 36% | 8% |
| 2000 | 921,505 | 288,250 | 31% | 12% | 921,505 | 288,250 | 31% | 12% |
| 2001 | 876,200 | 312,073 | 36% | 15% | 876,200 | 312,073 | 36% | 15% |
| 2002 | 849,093 | 334,855 | 39% | 18% | 849,093 | 334,855 | 39% | 18% |
| 2003 | 842,678 | 295,791 | 35% | 20% | 842,678 | 295,791 | 35% | 20% |
| 2004 | 1,057,819 | 461,053 | 44% | 23% | 1,057,819 | 461,053 | 44% | 23% |
| 2005 | 1,137,611 | 1,509,379 | 133% | 35% | 1,137,611 | 1,509,379 | 133% | 35% |
| 2006 | 1,034,137 | 1,514,805 | 146% | 46% | 1,034,137 | 1,514,805 | 146% | 46% |
| 2007 | 1,000,780 | 440,989 | 44% | 45% | 1,000,780 | 440,989 | 44% | 45% |
| 2008 | 974,542 | 456,293 | 47% | 46% | 974,542 | 456,293 | 47% | 46% |
| 2009 | 920,444 | 990,197 | 108% | 50% | 920,444 | 990,197 | 108% | 50% |
| 2010 | 900,215 | 2,057,924 | 229% | 60% | 900,215 | 2,057,924 | 229% | 60% |
| 2011 | 860,273 | 932,612 | 108% | 63% | 860,273 | 932,612 | 108% | 63% |
| 2012 | 873,992 | 2,737,211 | 313% | 76% | 873,992 | 2,737,211 | 313% | 76% |
| 2013 | 919,611 | 6,008,942 | 653% | 106% | 919,611 | 6,008,942 | 653% | 106% |
| 2014 | 903,283 | 981,898 | 109% | 106% | 903,283 | 981,898 | 109% | 106% |
| 2015 | 865,778 | 2,196,964 | 254% | 113% | 865,778 | 2,196,964 | 254% | 113% |
| 2016 | 823,926 | 2,953,284 | 358% | 123% | 823,926 | 2,953,284 | 358% | 123% |
| 2017 | 859,116 | 4,131,632 | 481% | 138% | 859,116 | 4,131,632 | 481% | 138% |
| 2018 | 819,520 | 2,035,702 | 248% | 142% | 819,520 | 2,035,702 | 248% | 142% |
| 2019 | 767,071 | 4,454,711 | 581% | 157% | 767,071 | 4,454,711 | 581% | 157% |
| 2020 | 691,954 | 3,510,615 | 507% | 167% | 691,954 | 3,510,615 | 507% | 167% |
| Total Actual | 23,327,365 | 38,965,156 | 167% | 167% | 23,327,365 | 38,965,156 | 167% | 167% |
| Projected | | | | | | | | |
| 2021 | 757,481 | 3,103,482 | 410% | 175% | 793,200 | 3,081,758 | 389% | 174% |
| 2022 | 685,335 | 3,524,795 | 514% | 184% | 826,641 | 3,584,452 | 434% | 183% |
| 2023 | 614,511 | 3,290,732 | 536% | 193% | 754,706 | 3,334,334 | 442% | 191% |
| 2024 | 547,757 | 3,316,018 | 605% | 201% | 672,722 | 3,199,957 | 476% | 198% |
| 2025 | 484,263 | 3,292,477 | 680% | 210% | 594,742 | 3,177,240 | 534% | 205% |
| 2026 | 424,297 | 3,220,202 | 759% | 219% | 521,096 | 3,107,495 | 596% | 213% |
| 2027 | 368,193 | 3,111,478 | 845% | 227% | 452,192 | 3,002,577 | 664% | 220% |
| 2028 | 315,786 | 2,965,499 | 939% | 235% | 387,829 | 2,861,706 | 738% | 227% |
| 2029 | 267,726 | 2,776,434 | 1037% | 243% | 328,805 | 2,679,259 | 815% | 234% |
| 2030 | 224,845 | 2,581,040 | 1148% | 250% | 276,142 | 2,490,703 | 902% | 240% |
| 2031 | 187,132 | 2,375,648 | 1270% | 257% | 229,824 | 2,292,501 | 998% | 246% |
| 2032 | 154,383 | 2,168,559 | 1405% | 263% | 189,604 | 2,092,659 | 1104% | 252% |
| 2033 | 126,175 | 1,954,695 | 1549% | 269% | 154,960 | 1,886,281 | 1217% | 257% |
| 2034 | 102,163 | 1,734,685 | 1698% | 274% | 125,471 | 1,673,971 | 1334% | 261% |
| 2035 | 82,042 | 1,521,810 | 1855% | 279% | 100,759 | 1,468,546 | 1457% | 265% |
| 2036 | 65,268 | 1,317,536 | 2019% | 283% | 80,158 | 1,271,422 | 1586% | 269% |
| 2037 | 51,438 | 1,129,153 | 2195% | 286% | 63,173 | 1,089,632 | 1725% | 272% |
| 2038 | 40,166 | 955,017 | 2378% | 289% | 49,329 | 921,591 | 1868% | 275% |
| 2039 | 31,074 | 795,287 | 2559% | 291% | 38,163 | 767,452 | 2011% | 277% |
| 2040 | 23,821 | 654,889 | 2749% | 293% | 29,255 | 631,968 | 2160% | 279% |
| 2041 | 18,103 | 532,075 | 2939% | 295% | 22,233 | 513,453 | 2309% | 280% |
| 2042 | 13,644 | 428,697 | 3142% | 296% | 16,757 | 413,693 | 2469% | 281% |
| 2043 | 10,203 | 345,646 | 3388% | 298% | 12,531 | 333,548 | 2662% | 282% |
| 2044 | 7,581 | 277,873 | 3665% | 298% | 9,311 | 268,147 | 2880% | 283% |
| 2045 | 5,591 | 225,033 | 4025% | 299% | 6,866 | 217,157 | 3163% | 284% |
| 2046 | 4,092 | 179,471 | 4386% | 300% | 5,025 | 173,189 | 3447% | 284% |
| 2047 | 2,977 | 142,138 | 4774% | 300% | 3,656 | 137,163 | 3751% | 285% |
| 2048 | 2,157 | 112,078 | 5197% | 301% | 2,649 | 108,155 | 4084% | 285% |
| 2049 | 1,555 | 88,080 | 5662% | 301% | 1,910 | 84,997 | 4449% | 285% |
| 2050 | 1,119 | 69,431 | 6203% | 301% | 1,375 | 67,001 | 4874% | 286% |
| 2051 | 804 | 54,669 | 6802% | 301% | 987 | 52,756 | 5345% | 286% |
| 2052 | 576 | 42,974 | 7461% | 301% | 707 | 41,470 | 5863% | 286% |
| 2053 | 411 | 33,877 | 8234% | 302% | 505 | 32,691 | 6470% | 286% |
| 2054 | 290 | 25,773 | 8896% | 302% | 356 | 24,871 | 6990% | 286% |
| 2055 | 200 | 18,272 | 9132% | 302% | 246 | 17,632 | 7175% | 286% |
| 2056 | 137 | 12,221 | 8949% | 302% | 168 | 11,793 | 7032% | 286% |
| 2057 | 92 | 7,763 | 8453% | 302% | 113 | 7,492 | 6642% | 286% |
| 2058 | 61 | 4,793 | 7920% | 302% | 74 | 4,625 | 6223% | 286% |
| 2059 | 39 | 2,874 | 7382% | 302% | 48 | 2,774 | 5800% | 286% |
| 2060 | 24 | 1,677 | 6887% | 302% | 30 | 1,618 | 5411% | 286% |
| 2061 | 15 | 951 | 6470% | 302% | 18 | 918 | 5084% | 286% |
| 2062 | 9 | 523 | 6130% | 302% | 10 | 505 | 4817% | 286% |
| 2063 | 5 | 277 | 5833% | 302% | 6 | 267 | 4583% | 286% |
| 2064 | 3 | 141 | 5549% | 302% | 3 | 136 | 4360% | 286% |
| 2065 | 1 | 67 | 5191% | 302% | 2 | 65 | 4079% | 286% |
| 2066 | 1 | 30 | 4764% | 302% | 1 | 29 | 3743% | 286% |
| 2067 | 0 | 12 | 4220% | 302% | 0 | 12 | 3316% | 286% |
| 2068 | 0 | 5 | 3714% | 302% | 0 | 4 | 2919% | 286% |
| 2069 | 0 | 2 | 3243% | 302% | 0 | 1 | 2548% | 286% |
| 2070 | 0 | 0 | 2834% | 302% | 0 | 0 | 2227% | 286% |
| 2071 | 0 | 0 | 2443% | 302% | 0 | 0 | 1919% | 286% |
| 2072 | 0 | 0 | 2051% | 302% | 0 | 0 | 1612% | 286% |
| 2073 | 0 | 0 | 1557% | 302% | 0 | 0 | 1224% | 286% |
| 2074 | 0 | 0 | 1042% | 302% | 0 | 0 | 819% | 286% |
| 2075 | 0 | 0 | 0% | 302% | 0 | 0 | 0% | 286% |
| 2076 | 0 | 0 | 0% | 302% | 0 | 0 | 0% | 286% |
| 2077 | 0 | - | 0% | 302% | 0 | - | 0% | 286% |
| 2078 | 0 | - | 0% | 302% | 0 | - | 0% | 286% |
| 2079 | 0 | - | 0% | 302% | 0 | - | 0% | 286% |
| Total Projected | 5,623,545 | 48,396,857 | 861% | 861% | 6,754,359 | 47,131,668 | 698% | 698% |
| Total Lifetime | 28,950,910 | 87,362,013 | 302% | 302% | 30,081,724 | 86,096,823 | 286% | 286% |
| Values Accumulated/Discounted to 12/31/2020 at Maximum Statutory Valuation Interest Rates | | | | | | | | |
| Past | 44,883,363 | 54,567,360 | 122% | 122% | 44,883,363 | 54,567,360 | 122% | 122% |
| Future | 4,449,312 | 34,000,857 | 764% | 764% | 5,316,300 | 33,208,521 | 625% | 625% |
| Lifetime | 49,332,674 | 88,568,218 | 180% | 180% | 50,199,663 | 87,775,882 | 175% | 175% |



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January 16, 2022

Honorable Jessica K. Altman
Commissioner
Pennsylvania Insurance Department
1326 Strawberry Square
Harrisburg, PA 17120

Re: Continental Casualty Company
(NAIC #218-20443, FEIN #36-2114545)
SERFF Tracking #CNAB-133114866 (Form Filing)
SERFF Tracking #CNAB-133114867 (Rate Filing)
Endorsement & Rate Increase Filings for Individual Long Term Care Policy Forms:

| Product Portfolio | Issue Date Range | Policy Form |
|-------------------|------------------|-------------------|
| LTC 1 | 1990 to 1998 | P1-15203-A37/-A87 |
| Premier/Classic | 1993 to 1999 | P1-18215-A37/-A87 |
| | | P1-18876-A37/-A87 |

Dear Commissioner Altman:

Enclosed is a request for a premium rate increase for the above captioned long term care policy forms, including all associated riders, issued prior to your state's implementation of rate stability requirements. This increase is requested in order to establish premium rates that are reasonable in relation to benefits based on actual historical experience and best-estimate projections for these forms. The method that we used to determine the requested premium rate increase is outlined in the enclosed actuarial memorandum and supporting exhibits.

The rate increase indication varies by product portfolio, benefit period, and automatic increase benefit (AIB) rider, with rate increases as follows:

| LTC1 | Policies with AIB Rider | Policies without AIB Rider |
|---------------------------------|-------------------------|----------------------------|
| Unlimited Lifetime Max Benefits | 34.5% | 0.0% |
| Non-Lifetime Max Benefits | 0.0% | 0.0% |

| Premier/Classic | Policies with AIB Rider | Policies without AIB Rider |
|---------------------------------|-------------------------|----------------------------|
| Unlimited Lifetime Max Benefits | 27.3% | 0.0% |
| Non-Lifetime Max Benefits | 0.0% | 0.0% |

Please see the Supplement to Rate Sheet for details on the implementation schedule.

The rate indication aims to achieve equity by bringing rate levels of your state up to the same level as those states that have historically approved all rate increases.

Although a greater increase can be justified, the Company is limiting the rate request at this time. The rate increase request varies by product in order to be sensitive to the age distribution of the policies within each product portfolio.

The proposed premium rates will be effective on the insured's next policy anniversary date following a notification period at least as long as required by your state following approval. No insured will receive more than one rate increase in a 12-month period.

Upon approval of this rate revision, CCC will communicate to insureds their options to reduce the impact of the rate increase. These options may include increasing the elimination period, reducing the lifetime maximum, reducing the daily benefit or eliminating optional riders, such as automatic increase riders. Available options will depend upon the insured's current coverage levels, benefit options available under their specific policy form, and any statutory minimum benefit levels in your state.

In addition, the Company is making a number of alternative options available for all insureds in conjunction with this rate increase. The first option provides an Increased Contingent Non-Forfeiture ("ICNF") benefit upon lapse to all insureds regardless of their original issue date, rate increase amount or issue age of the insured. If this benefit is elected by the insured, the insured will not have to pay prospective premium, and their remaining benefit pool amount will equate to 150% of lifetime premiums paid. If a policy lapses due to non-payment of premiums without notifying the Company of their intention to elect the ICNF option, the insured's coverage will default to a standard 100% of lifetime premiums paid contingent non-forfeiture benefit.

The second option that is being offered to insureds is the "Surrender Option". If this option is elected by the insured, the insured will surrender their policy in return for a one-time cash payment from the Company. The amount of the one-time cash surrender payment is equal to the unisex-adjusted statutory active life reserve held for the specific insured.

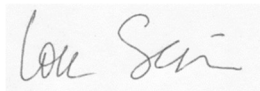
Both of the above alternative options will be offered to all insureds in your state, regardless of whether or not they receive a rate increase, in order to ensure fairness within these product portfolios. If a policy lapses due to non-payment of premiums without notifying the Company of the insured's intention to elect any of the above options, the insured's coverage will default to a standard 100% CNF benefit.

For states that do not approve the full requested increase, the Company anticipates that additional rate increase filings will be necessary in the near future. The exact timing of when an additional filing will be made and the amount that will be requested will be determined by the attributes of these policy forms, the Company's experience, and applicable laws and regulations.

Included with this request are the following items:

- this cover letter;
- an actuarial memorandum including supporting exhibits;
- a rate supplement page reflecting the rate increase request; and
- a surrender option endorsement.

We respectfully request your favorable consideration and approval of this filing.

A handwritten signature in black ink, appearing to read "Louis Scarim", is displayed within a light gray rectangular box.

Louis Scarim, ASA, MAAA
Actuarial Consulting Director, LTC Inforce Management
(312) 822-6179
louis.scarim@cna.com



May 6, 2022

Michael Humphreys
Acting Insurance Commissioner
Pennsylvania Insurance Department
1326 Strawberry Square
Harrisburg, PA 17120

Louis Scarim, ASA, MAAA
Actuarial Consulting Director
Long Term Care Pricing
Telephone 312-822-6179
Email louis.scarim@cna.com

Re: Continental Casualty Company
(NAIC #218-20443, FEIN#36-2114545)
SERFF Tracking # CNAB-133114867
Rate Increase Filing for OP Gen1 (LTC1, Premier/Classic)
Individual Long Term Care Policy Forms:

Dear Ms. Romig:

Thank you for your review of the above referenced filing. This letter is in response to your objection dated March 14, 2022. The objection items are restated below in *italics*, with responses in **blue**:

- Please provide a table in an Excel spreadsheet (perhaps similar to Exhibit 3a – LTC1 - Policy Forms with Lifetime Benefits & Standard Inflation) for this nationwide block of policies which shows the historical and projected nationwide earned premium and incurred claims on a calendar year basis assuming no rate increase is granted. Please restate the nationwide historical and projected earned premium so that the business from inception appears to have all been earned at the original rate level. The original rate level is the rate level that would have existed if no increase was ever granted on any policy nationwide. Answer this question considering only the policies represented in Exhibit 3a (i.e. LTC1 with Lifetime Benefits & Standard Inflation).*

Please see the attached **“Item 1 – Exhibit 3a_Original Rate Level.xlsx”** worksheet, containing the adjusted Nationwide exhibit for LTC1 policies With Lifetime Benefits & With Standard Inflation. The experience has been restated to the Original Rate Level (i.e., with all rate increase assumptions removed).

- Please provide the percent of active Preferred Advantage policyholders remaining on a nationwide basis. How many policies were issued nationwide? How many policies remain in force nationwide? Answer this question considering only the policies represented in Exhibit 3a (i.e. LTC1 with Lifetime Benefits & Standard Inflation).*

Please see the figures shown below:

| | |
|---------------------------------------|--------|
| Total Policies Issued | 11,684 |
| Total Policies Inforce | 4,469 |
| Percent of Policies Remaining Inforce | 38.2% |

3. *Please provide the cumulative weighted average increase granted on policies in force on this block in PA. Answer this question considering only the policies represented in Exhibit 3a (i.e. LTC1 with Lifetime Benefits & Standard Inflation).*

For PA LTC1 policies With Lifetime Benefits & With Standard Inflation (represented in Exhibit 3a), the cumulative rate increase approved amount is 204.2%.

4. *Please provide a table in an Excel spreadsheet (perhaps similar to Exhibit 3b – Premier/Classic - Policy Forms with Lifetime Benefits & Standard Inflation) for this nationwide block of policies which shows the historical and projected nationwide earned premium and incurred claims on a calendar year basis assuming no rate increase is granted. Please restate the nationwide historical and projected earned premium so that the business from inception appears to have all been earned at the original rate level. The original rate level is the rate level that would have existed if no increase was ever granted on any policy nationwide. Answer this question considering only the policies represented in Exhibit 3a (i.e. Premier/Classic with Lifetime Benefits & Standard Inflation).*

Please see the attached “[Item 4 – Exhibit 3b_Original Rate Level.xlsx](#)” worksheet, containing the adjusted Nationwide exhibit for Premier/Classic policies With Lifetime Benefits & With Standard Inflation. The experience has been restated to the Original Rate Level (i.e., with all rate increase assumptions removed).

5. *Please provide the percent of active Preferred Advantage policyholders remaining on a nationwide basis. How many policies were issued nationwide? How many policies remain in force nationwide? Answer this question considering only the policies represented in Exhibit 3a (i.e. Premier/Classic with Lifetime Benefits & Standard Inflation).*

Please see the figures shown below:

| | |
|---------------------------------------|-------|
| Total Policies Issued | 6,614 |
| Total Policies Inforce | 2,400 |
| Percent of Policies Remaining Inforce | 36.3% |

6. *Please provide the cumulative weighted average increase granted on policies in force on this block in PA. Answer this question considering only the policies represented in Exhibit 3b (i.e. Premier/Classic with Lifetime Benefits & Standard Inflation).*

For PA Premier/Classic policies With Lifetime Benefits & With Standard Inflation (represented in Exhibit 3b), the cumulative rate increase approved amount is 183.5%.

7. Please provide a listing of the past requested increases and approved increases by state for this block. Also include a column showing the cumulative increases approved in each state to date.

Please see the attached [“Item 7 - State Status Listing – OP Gen1 \(as of 5.03.2022\).xlsx”](#) worksheet, containing the rate increase history by state.

8. Please provide the letter that will be sent to policyholders to inform them of the increase and their available options.

Please note that the policyholder notification letters are included in the associated Form Filing under the Supporting Documentation tab — SERFF Tracking # CNAB-133114866, which is currently pending review. Although, we will provide the same letters within this Rate Filing for convenience.

Please see the two attached notification letters to inform policyholders (depending if the policy is subject to the rate increase):

- With Rate Increase: [“Item 8 – Notification_ILTC_RI_NW_2021 11042021.pdf”](#)
- Without Rate Increase: [“Item 8 – Notification_ILTC_NoRI_NW_2021 11042021.pdf”](#)

9. LTC1 policy forms with lifetime benefits and standard inflation are subject to a 34.5% premium increase. How many LTC1 policy forms are scheduled to receive no premium increase? In other words, the actuarial memo implies there a 354 LTC1 policy forms with lifetime benefits and standard inflation; how many LTC1 policy forms do not have lifetime benefits or do not have standard inflation benefits?

Please see the summary table below, which provides an overview of the PA LTC1 block at the time of the filing. Of the total 805 PA LTC1 policyholders:

- 354 policies are subject to the requested rate increase of 34.5%
- The remaining 451 policies are unaffected by the requested increase in this filing

| State | Product | Inflation Type | Benefit Period | Requested Rate Increase | Policies Inforce* | Annualized Premium Inforce* |
|-------|---------|----------------|----------------|-------------------------|-------------------|-----------------------------|
| PA | LTC1 | Inflation | Lifetime | 34.5% | 354 | \$ 798,813 |
| PA | LTC1 | Inflation | Non-Lifetime | 0.0% | 372 | \$ 781,375 |
| PA | LTC1 | Non-Inflation | Lifetime | 0.0% | 23 | \$ 50,882 |
| PA | LTC1 | Non-Inflation | Non-Lifetime | 0.0% | 56 | \$ 84,611 |

Total Insureds Eligible for Rate Increase*

10. Premier/Classic policy forms with lifetime benefits and standard inflation are subject to a 27.3% premium increase. How many Premier/Classic policy forms are scheduled to receive no premium increase? In other words, the actuarial memo implies there a 234 Premier/Classic policy forms with lifetime benefits and standard inflation; how many Premier/Classic policy forms do not have lifetime benefits or do not have standard inflation benefits?

Please see the summary table below, which provides an overview of the PA Premier/Classic block at the time of the filing. Of the total 753 PA Premier/Classic policyholders:

- 234 policies are subject to the requested rate increase of 27.3%
- The remaining 519 policies are unaffected by the requested increase in this filing

| State | Product | Inflation Type | Benefit Period | Requested Rate Increase | Policies Inforce* | Annualized Premium Inforce* |
|-------|-----------------|----------------|----------------|-------------------------|-------------------|-----------------------------|
| PA | Premier/Classic | Inflation | Lifetime | 27.3% | 234 | \$ 767,911 |
| PA | Premier/Classic | Inflation | Non-Lifetime | 0.0% | 334 | \$ 843,102 |
| PA | Premier/Classic | Non-Inflation | Lifetime | 0.0% | 63 | \$ 147,565 |
| PA | Premier/Classic | Non-Inflation | Non-Lifetime | 0.0% | 122 | \$ 232,346 |

*Total Insureds Eligible for Rate Increase**

11. *Please define what “standard inflation means”. In other words, were there any policies issued with non-standard inflation options in this block?*

Two optional automatic increase benefit riders were available on these policy forms; a 5% simple lifetime benefit and a 5% compound lifetime benefit. Please note that no insureds were issued with non-standard inflation option in this block.

12. *Continental Casualty has offered the surrender option in the past. The company also offered a conversion option that provided a paid-up benefit of 100% of premium paid plus a cash payment. What is the approximate percent of policyholders that, when offered a cash surrender option, actually choose to exercise it?*

The pilot program conducted over the past year and a half has resulted in approximately 2% of policyholders receiving a cash surrender offer choosing to exercise it.

13. *The freeze and drop option eliminates future inflation indexing, maintains the current daily benefit, and lowers future premiums to the non-inflation level at the original issue age. What is the approximate average reduction in premium or what is the approximate range of premium reduction? An exact calculation is not required*

The premium load for the automatic increase benefit rider varied by many variables including inflation type (simple or compound), benefit period, rating group, home health care level, and issue age.

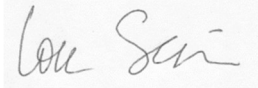
A reasonable estimate for the average reduction in premium under the freeze and drop option is 50%.

14. *Say a policyholder can purchase \$100 a day without inflation for \$350 per annum. He can purchase the same coverage with 5% compound inflation for \$750 per year. Further say that he purchases the inflation coverage for an annual premium of \$750, waits a little over 9 years until his daily benefit inflates to \$155.13 per day, and then invokes the “freeze and drop” option. Would his new premium be (a) \$350, (b) $\$542.96 = (\$155.13/\$100) \times (\$350)$, or (c) something else?*

In this scenario, electing the "Freeze and Drop" offer would freeze the policyholder's daily benefit at \$155.13 per day, and the annual premium would drop to the non-inflation premium rate at the original issue age for the original benefit amount. The annual premium rate would drop to \$350.

Please let us know if we can provide additional information to assist in the review of this filing.

Sincerely,

A handwritten signature in black ink, appearing to read "Lou Scarim", is displayed on a light gray rectangular background.

Louis Scarim, ASA, MAAA

<<DATE>>

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Change Offers

Company: <<COMPANY>>
Policy Number: «POLICY NUMBER»

Dear «FNAME» «LNAME»:

Thank you for choosing <<COMPANY>> for your long-term care insurance needs. We value your business and are committed to being here when you need us the most.

Some long-term care insurance policies, issued by «COMPANY», are incurring a premium rate increase. The premium for your long-term care insurance policy number «POLICY NUMBER», issued on <<ISSUE DATE>> is **not increasing at this time**. However, we are offering you a few limited-time options to help manage the cost of paying for long-term care insurance.

Please note the options listed in this letter are time sensitive and require action on your part.

What is my Current Premium?

You currently pay <<CURRENT PREMIUM AMOUNT>> <<FREQUENCY>> for your long-term care insurance policy.

What are my Options?

We offer several options to help manage the cost of paying for long-term care insurance. These options are offered at <<Company>>'s discretion, and not all of them may be available to you in the future and may not be of equal value to you, so please review this information carefully. We encourage you to consult with your financial or other trusted advisor and a tax advisor before making a selection.

1. Convert to a Paid-up Policy

The Increased Contingent Non-Forfeiture Option allows you to stop paying premiums on your policy, and convert to a paid-up policy that has a reduced maximum lifetime benefit. Your reduced maximum lifetime benefits will be equal to 150% of the premiums you have paid to date, capped at your policy's current remaining maximum lifetime benefits.

To select this option, complete the enclosed Option Election Form and return to <<COMPANY>> within 60 days from the date of this notice.

2. Lower Coverage to Reduce Premium

You may have the option to lower your premiums by reducing aspects of your coverage. Please contact us at 1-888-397-5824 to discuss benefit reduction options.

3. Surrender Your Policy Coverage

This option allows you to surrender your Policy in exchange for a one-time cash payment of <<SURRENDER_PMT>>, which is based on the amount of money currently held by <<COMPANY>> to cover future expected benefit payments. If you elect this option, your Policy will be terminated, and <<COMPANY>> will no longer have to pay any benefits, even if you have already received long-term care services. You will no longer have an active insurance Policy, and it will not be eligible for reinstatement. If you elect this option, you may receive a 1099-MISC form for the tax year in which the option was executed. Please refer to the Surrender Option Election Form for additional details.

This option is available only at this time and may not be available again in the future. To select this option, complete the enclosed Surrender Option Election Form, **sign it and have it notarized** and return to <<COMPANY>> within 60 days from the date of this notice.

IMPORTANT – This option may result in a taxable event for you. Please consult a qualified tax professional or attorney to determine any tax impact to you. <<COMPANY>> does not provide tax advice.

Time to Reverse Decision

If you opt to reduce your benefits or surrender your coverage, your request to reverse any such decision must be in writing, signed by you, and received by us no more than 30 days after the date of our written confirmation of your change.

Choose the Option That is Best for You

As noted above, we are writing to advise you of **voluntary** benefit change options. If you wish to retain your current coverage without changes, you do not need to take action at this time. If you continue to pay your premium at the current amount, the terms of your coverage will not change.

We recommend that you carefully review the options available to you and contact us if you have questions. We encourage you to carefully evaluate your individual situation, the current and projected cost of care in your area, and consider speaking to your family or to a trusted financial or tax adviser before making changes to your coverage. All available options may not be of equal value. In addition, since <<COMPANY>> sold policies with varying benefits to insureds of different ages, these options may be of different value to other insureds.

Please be reminded that, under the terms of your Policy, premium rates are not guaranteed. We regularly monitor experience on long-term care insurance policies and may need to implement increases in the future.

For more information regarding the options described in this letter or if you have any questions, please contact our customer service team at 1-888-397-5824 Monday through Friday, 8:00am to 5:00pm Central Time.

Sincerely,

<<OPERATIONS MANAGER NAME AND TITLE>>

Coverage Change Option Election Form

Policyholder: <<FNAME>> <<LNAME>>

Policy Number: <<POLICY NUMBER>>

To keep your existing coverage, you do not need to take any action.

If you would like to change your coverage, check the corresponding box to indicate your choice, then **sign, date and return to <<COMPANY>> within 60 days from the date of this notice.** This form can be returned via mail to the address below or via fax at 952-983-5193.

Current Coverage Limits (as of <<DATE>>. Coverage changes made after this date are not reflected)

| | |
|------------------------------------|---------------------------------|
| Current <<FREQUENCY>> Premium | \$<<R_DEFAULT_MODAL_PREM>> |
| Current Daily Maximum Benefit | Up to \$<<CURRENT_DMB>> per day |
| Remaining Maximum Lifetime Benefit | <<MAXIMUM_LIFETIME_BENEFIT>> |
| Automatic Increase Benefit | <<ABI_TYPE>> |

Options

| Check Box | Change Description | New Daily Maximum Benefit | New Maximum Lifetime Benefit | Cash Payment | New <<FREQUENCY>> Premium |
|--------------------------|--|---------------------------|------------------------------|--------------|---------------------------|
| <input type="checkbox"/> | Increased Contingent Non-forfeiture ("ICNF") | \$<<CURRENT_DMB>> | \$<<ICNF_LTM*>> | None | \$0.00 |

*Note: ICNF Maximum Lifetime Benefit is based upon premiums paid as of <<DATE>> and will be finalized once the election has been processed

Signature

Date

Please note:

- You should consider speaking to your family or to a trusted financial adviser before making changes to your coverage. You should also consult a qualified tax professional or attorney to determine any tax impact to you. <<COMPANY>> does not provide tax advice.
- If you have a limited pay policy, please consider how many more premium payments you have left before making changes to your policy.
- If you currently have the Shared Advantage Benefit and are going to make a coverage change, your spouse may need to make the same coverage change.
- Mail your completed form notarization to the following address:

<<COMPANY>> Individual Long-Term Care
P.O Box 64912
St. Paul MN 55164-0912

Surrender Option Election Form

Policyholder: <<FNAME>> <<LNAME>> **Policy Number:** <<POLICY NUMBER>>

To keep your existing coverage, you do not need to take any action.

If you would like to surrender your Policy, check the box on this page, then **sign, date, obtain notarization and return to <<COMPANY>> within 60 days from the date of this notice.** This form can be returned via mail to the address on the back of this form or via fax at 952-983-5193. Please see the other side of this form for additional information.

| Current Coverage Limits (as of <<DATE>>. Coverage changes made after this date are not reflected) | |
|---|---------------------------------|
| Current <<FREQUENCY>> Premium | \$<<R_DEFAULT_MODAL_PREM>> |
| Current Daily Maximum Benefit | Up to \$<<CURRENT_DMB>> per day |
| Remaining Maximum Lifetime Benefit | <<MAXIMUM_LIFETIME_BENEFIT>> |
| Automatic Increase Benefit | <<ABI_TYPE>> |

The surrender option offered herein is nontransferable and void upon death of the named insured. Any person who knowingly and with the intent to defraud the insurance company by electing to surrender this long term care policy and is not the named insured or legal POA is committing a fraudulent act, which is a crime, and subject to criminal and civil penalties.

| Options | | | | | |
|--------------------------|--------------------|---------------------------|------------------------------|-------------------|---------------------------|
| Check Box | Change Description | New Daily Maximum Benefit | New Maximum Lifetime Benefit | Cash Payment | New <<FREQUENCY>> Premium |
| <input type="checkbox"/> | Surrender Option | \$0.00 | \$0.00 | <<SURRENDER_PMT>> | \$0.00 |

THIS FORM MUST BE NOTARIZED

Signature
Social Security Number: _____
(Required for 1099MISC)

Date
Phone Number: _____
(Required for possible verification call)

Please Note

- The Surrender Options is non-transferrable and can only be elected by the named insured or legal Power of Attorney if the insured has been diagnosis with a cognitive impairment. Evidence of such diagnosis may be required.
- Some elections will be subject to an additional verbal verification confirmation.
- You should consider speaking to your family or to a trusted financial adviser before making changes to your coverage. You should also consult a qualified tax professional or attorney to determine any tax impact to you. <<COMPANY>> does not provide tax advice.
- If you have a limited pay policy, please consider how many more premium payments you have left before making changes to your policy.
- If you currently have the Shared Advantage Benefit and are going to make a coverage change, your spouse may need to make the same coverage change.
- Mail your completed form with proper notarization to the following address:

<<COMPANY>> Individual Long-Term Care
P.O Box 64912
St. Paul MN 55164-0912

P.O Box 64912
St. Paul MN 55164-0912
1-888-397-5824
Fax: 952-983-5193

<<DATE>>

«FNAME» «MI» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE» «ZIPCODE»

Long-Term Care Insurance Premium Adjustment Notice

Company: <<COMPANY>>
Policy Number: «POLICY NUMBER»

Dear «FNAME» «LNAME»:

Thank you for choosing <<COMPANY>> for your long-term care insurance needs. We value your business and are committed to being here when you need us the most.

This letter is to inform you that the premium for your long-term care insurance coverage, issued by «COMPANY» on <<ISSUE DATE>>, is going to increase. This letter explains the amount and timing of your premium increase, and the options available to reduce the impact of the premium increase.

How much is my Premium Increase and when does my Bill Increase?

You currently pay <<CURRENT PREMIUM AMOUNT>> <<FREQUENCY>>. This premium amount will increase on the first premium due date on or after <<POLICY_INCR_EFF_DATE>>. Your premium will change as follows:

| | | |
|-------------------------------------|------------------------------|--|
| <u>Rate Increase Effective Date</u> | <u>Percentage Increase</u> | <u>New <<FREQUENCY>> Premium</u> |
| <<R_POLICY_OFFER_EFF_DATE>> | <<RATE_INCREASE_PERCENTAGE>> | <<R_DEFAULT_MODAL_PREM>> |

Why is my Premium Increasing?

The decision to implement a premium increase is a difficult one. <<COMPANY>>, like other long-term care insurers, used certain assumptions when originally setting the premium rate for your policy. These assumptions used the best available information at that time about a variety of factors, including the expected lifespan of Policy holders, the number of insureds going on claim, the length of time insureds would be on claim, and the cost of receiving long-term care services. These assumptions were best estimates of future experience for these policies. Unfortunately, actual experience developed differently than originally expected. More policyholders are utilizing long-term care than expected and the cost of care is higher than expected. Therefore, we have determined that we must increase premiums to reflect the future claim expectations on these policies.

The premium increase has been filed with the state in which your policy was issued, and we are implementing this premium increase in accordance with the laws and regulations of this state. The increase is not due to a change in your health, your age, or your claims history. No individual policyholder has been singled out for a rate increase. Please be reminded that, under the terms of your policy, premium rates are not guaranteed and may be increased again in the future. We will continue to monitor experience on long-term care insurance policies and may need to implement additional increases in the future.

What are my Options?

<<COMPANY>> understands that a rate increase can be difficult, and offers a variety of options to help manage or avoid the increase. These options may not be of equal value to you, so please review this information carefully. We encourage you to consult with your financial or other trusted advisor and a tax advisor before making a selection.

1. Pay the New Premium Amount and Maintain Existing Coverage

If you wish to retain your current coverage without changes, you do not need to take action at this time. Your new increased premium will be reflected on your bill or, if you pay via electronic funds transfer, the withdrawal amount will be adjusted to reflect the premium increase. If you continue to pay your premium at the new amount the terms of your coverage will not change.

2. Convert to a Paid-up Policy

The Increased Contingent Non-Forfeiture option allows you to stop paying premiums on your policy, and convert to a paid-up policy that has a reduced maximum lifetime benefit. Your reduced maximum lifetime benefits will be equal to 150% of the premiums you have paid to date, capped at your policy's current remaining maximum lifetime benefits.

To select this option, complete the enclosed Option Election Form and return to <<COMPANY>> by <<RATE_INC_EFF_DATE + 60 DAY>>.

3. Lower Coverage to Reduce the Impact of the Premium Increase

<<**Remove the Automatic Increase Benefit rider.** Your policy includes an automatic increase benefit rider, which has increased your policy's daily maximum benefit amount by 5% per year to protect against inflation. You can reduce your premium if you discontinue the automatic increase benefit rider. Be assured that your policy's current benefit levels, which include the automatic increases that have already occurred, will remain intact. Please refer to the Option Election Form for additional details>>.

<<Reduce your Maximum Lifetime Benefit. Your policy currently has a maximum lifetime benefit of <<MAXIMUM_LIFETIME_BENEFIT>>, which you can reduce to <<MAXIMUM_LIFETIME_BENEFIT – 1 STEP>>. The total Maximum Lifetime Benefit would be based on your daily benefit amount times <<MAXIMUM_LIFETIME_BENEFIT – 1 STEP IN DAYS>>. Please refer to the Coverage Change Option Election Form for additional details>>.

Change or Drop other Benefit Features. You may have the option to lower your premiums by reducing aspects of your coverage. Please contact us at 1-888-397-5824 to discuss benefit reduction options.

4. <<Surrender Your Policy Coverage

This option allows you to surrender your Policy in exchange for a one-time cash payment of <<SURRENDER_PMT>>, which is based on the amount of money currently held by <<COMPANY>> to cover future expected benefit payments. If you elect this option, your Policy will be terminated, and <<COMPANY>> will no longer have to pay any benefits, even if you have already received long-term care services. You will no longer have an active insurance Policy, and it will not be eligible for reinstatement. If you elect this option, you may receive a 1099-MISC form for the tax year in which the option was executed. Please refer to the Surrender Option Election Form for additional details.

This option is available only at this time and may not be available again in the future. To select this option, **complete** the enclosed Surrender Option Election Form, **sign it and have it notarized** and return to <<COMPANY>> by <<RATE_INC_EFF_DATE + 60 DAY>>.

IMPORTANT – This option may result in a taxable event for you. Please consult a qualified tax professional or attorney to determine any tax impact to you. <COMPANY>> does not provide tax advice>>.

Time to Reverse Decision

If you opt to change your coverage, your request to reverse any such decision must be in writing, signed by you, and received by us no more than 30 days after the date of our written confirmation of your coverage change.

Choose the Option That is Best for You

We recommend that you carefully review the options available to you and contact us if you have questions. We encourage you to carefully evaluate your individual situation, the current and projected cost of care in your area, and consider speaking to your family or to a trusted financial or tax adviser before making changes to your coverage. All available options may not be of equal value. In addition, since <<COMPANY>> sold policies with varying benefits to insureds of different ages, these options may be of different value to other insureds.

Please be reminded that, under the terms of your Policy, premium rates are not guaranteed. We regularly monitor experience on long-term care insurance policies and may need to implement increases in the future.

For more information regarding the options described in this letter or if you have any questions, please contact our customer service team at 1-888-397-5824 Monday through Friday, 8:00am to 5:00pm Central Time.

This letter is not a bill. However, we recommend that you keep a copy of this letter with your Policy.

Sincerely,

<<OPERATIONS MANAGER NAME AND TITLE>>

Coverage Change Option Election Form

Policyholder: <<FNAME>> <<LNAME>>

Policy Number: <<POLICY NUMBER>>

To keep your existing coverage, you do not need to take any action.

If you would like to change your coverage, check the corresponding box to indicate your choice, then **sign, date and return** to <<COMPANY>> by <<RATE_INC_EFF_DATE + 60 DAY>>. This form can be returned via mail to the address on the back of this form or via fax at 952-983-5193. Please see the other side of this form for additional information.

| Current Coverage Limits (as of <<DATE>>. Coverage changes made after this date are not reflected) | |
|---|---------------------------------|
| New <<FREQUENCY>> Premium which includes the rate increase | \$<<R_DEFAULT_MODAL_PREM>> |
| Current Daily Maximum Benefit | Up to \$<<CURRENT_DMB>> per day |
| Remaining Maximum Lifetime Benefit | <<MAXIMUM_LIFETIME_BENEFIT>> |
| Automatic Increase Benefit | <<ABI_TYPE>> |

| Options | | | | | |
|--------------------------|--|---------------------------|------------------------------|--------------|-----------------------------------|
| Check Box | Change Description | New Daily Maximum Benefit | New Maximum Lifetime Benefit | Cash Payment | New <<FREQUENCY>> Premium |
| <input type="checkbox"/> | Increased Contingent Non-forfeiture ("ICNF") | \$<<CURRENT_DMB>> | \$<<ICNF_LTM*>> | None | \$0.00 |
| <input type="checkbox"/> | Remove the Automatic Increase Benefit rider and retain your current daily maximum benefit amounts reflected above | \$<<CURRENT_DMB>> | \$<<ABI_REDUCTION_LTM>> | None | \$<<ABI_REDUCTION_MODAL_PREMIUM>> |
| <input type="checkbox"/> | Reduce your maximum lifetime benefit period from <<MAXIMUM_LIFETIME_BENEFIT>> to <<MAXIMUM_LIFETIME_BENEFIT - 1 STEP>> years | \$<<CURRENT_DMB>> | \$<<LTM_REDUCTION_LTM>> | None | \$<<LTM_REDUCTION_MODAL_PREMIUM>> |

*Note: ICNF Maximum Lifetime Benefit is based upon premiums paid as of <<DATE>> and will be finalized once the election has been processed

Signature

Date

Please note:

- You should consider speaking to your family or to a trusted financial adviser before making changes to your coverage. You should also consult a qualified tax professional or attorney to determine any tax impact to you. <<COMPANY>> does not provide tax advice.
- If you have a limited pay policy, please consider how many more premium payments you have left before making changes to your policy.
- If you currently have the Shared Advantage Benefit and are going to make a coverage change, your spouse may need to make the same coverage change.
- Mail your completed form to the following address:

<<COMPANY>> Individual Long-Term Care
P.O Box 64912
St. Paul MN 55164-0912

Surrender Option Election Form

Policyholder: <<FNAME>> <<LNAME>> **Policy Number:** <<POLICY NUMBER>>

To keep your existing coverage, you do not need to take any action.

If you would like to surrender your Policy, check the box on this page, then **sign, date, obtain notarization and return to <<COMPANY>> by <<RATE_INC_EFF_DATE + 60 DAY>>**. This form can be returned via mail to the address on the back of this form or via fax at 952-983-5193. Please see the other side of this form for additional information.

Current Coverage Limits (as of <<DATE>>. Coverage changes made after this date are not reflected)

| | |
|--|---------------------------------|
| New <<FREQUENCY>> Premium which includes the rate increase | \$<<R_DEFAULT_MODAL_PREM>> |
| Current Daily Maximum Benefit | Up to \$<<CURRENT_DMB>> per day |
| Remaining Maximum Lifetime Benefit | <<MAXIMUM_LIFETIME_BENEFIT>> |
| Automatic Increase Benefit | <<ABI_TYPE>> |

The surrender option offered herein is nontransferable and void upon death of the named insured. Any person who knowingly and with the intent to defraud the insurance company by electing to surrender this long term care policy and is not the named insured or legal POA is committing a fraudulent act, which is a crime, and subject to criminal and civil penalties.

Options

| Check Box | Change Description | New Daily Maximum Benefit | New Maximum Lifetime Benefit | Cash Payment | New <<FREQUENCY>> Premium |
|--------------------------|--------------------|---------------------------|------------------------------|-------------------|---------------------------|
| <input type="checkbox"/> | Surrender Option | \$0.00 | \$0.00 | <<SURRENDER_PMT>> | \$0.00 |

THIS FORM MUST BE NOTARIZED

Signature

Social Security Number: _____
(Required for 1099MISC)

Date

Phone Number: _____
(Required for possible verification call)

Please Note

- The Surrender Options is non-transferrable and can only be elected by the named insured or legal Power of Attorney if the insured has been diagnosis with a cognitive impairment. Evidence of such diagnosis may be required.
- Some elections will be subject to an additional verbal verification confirmation.
- You should consider speaking to your family or to a trusted financial adviser before making changes to your coverage. You should also consult a qualified tax professional or attorney to determine any tax impact to you. <<COMPANY>> does not provide tax advice.
- If you have a limited pay policy, please consider how many more premium payments you have left before making changes to your policy.
- If you currently have the Shared Advantage Benefit and are going to make a coverage change, your spouse may need to make the same coverage change.
- Mail your completed form with proper notarization to the following address:

<<COMPANY>> Individual Long-Term Care
P.O Box 64912
St. Paul MN 55164-0912



August 8, 2022

Valerie Romig
Pennsylvania Insurance Department
1326 Strawberry Square
Harrisburg, PA 17120

Louis Scarim, ASA, MAAA
Actuarial Consulting Director
Long Term Care Pricing
Telephone 312-822-6179
Email louis.scarim@cna.com

Re: Continental Casualty Company
(NAIC #218-20443, FEIN#36-2114545)
SERFF Tracking # CNAB-133114867
Rate Increase Filing for OP Gen1 (LTC1, Premier/Classic)
Individual Long Term Care Policy Forms:

Dear Ms. Romig:

Thank you for your review of the above referenced filing. This letter is in response to your objection dated July 13, 2022. The objection items are restated below in *italics*, with responses in **blue**:

1. The Department is willing to approve your requested increase of (a) 34.5% on LTC1 policies with lifetime benefits and the AIB rider and (b) 27.3% on Premier/Classic policies with lifetime benefits and the AIB rider, but would recommend the increase be staged over two years. The Department would also recommend that any annual increase be limited to 30%.

Thank you for your consideration of this filing. We are agreeable to this offer. Please note that we have adjusted the rate increase to reflect the cost of waiting associated with spreading the increase over multiple years for the LTC1 policies with lifetime benefits and the AIB rider.


- **LTC 1 policies with lifetime benefits & AIB rider: 30% in year 1; 5.9% in year 2; for a total cumulative increase of 37.7%**
 - **Premier/Classic policies with lifetime benefits & AIB rider: 27.3% in year 1**
2. Lastly, please provide a seriatim listing of the 588 Continental Casualty policies in this block in Excel. Each row within the worksheet must contain the policy's unique identification number, form number, series (i.e. LTC1 or Premier/Classic), issue age, issue date, inflation status indicator, benefit period, and Continental Casualty's suggested premium increase in each year of the proposed implementation period.

Please see attached seriatim listing labeled "PA Seriatim Insured – GEN1 Final.xlsx".

We also have provided a summary of the impact of the cost of waiting on the LTC1 policies with lifetime benefits and the AIB rider, along with the nationwide experience exhibit that shows the lifetime loss ratio with the rate increase spread over two years is the same as the lifetime loss ratio with the single rate increase.

Please let us know if we can provide additional information to assist in the review of this filing.
Thank you for your time and consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lou Scarim", is displayed within a light gray rectangular box.

Louis Scarim, ASA, MAAA

Pennsylvania Cost of Waiting Analysis

| Filing | Product | Benefit Cohort | Requested Rate Increase | NW LLR with Requested Increase | 2-Year Implementation that Results in Same NW LLR | What the Second Year Increase Would be Without the Cost of Waiting |
|--------|-----------------|----------------|-------------------------|--------------------------------|---|--|
| GEN1 | LTC1 | Infl+Life | 34.5% | 179.9% | $30\% \times 5.9\% = 37.7\%$ | 3.46% |
| GEN1 | Premier/Classic | Infl+Life | 27.3% | 156% | n/a | 0.00% |
| GEN2 | Pref Adv | Infl+Life | 60.0% | 136.3% | $30\% \times 28.7\% = 67.31\%$ | 23.08% |
| GEN2 | Pref Adv | Infl+ Non-Life | 35.0% | 103.7% | $30\% \times 5.5\% = 37.15\%$ | 3.85% |
| GEN2 | Pref Adv | Non-Infl+Life | 35.0% | 108.5% | $30\% \times 4.9\% = 36.37\%$ | 3.85% |
| GEN2 | TQ | Infl+Life | 60.0% | 130.9% | $30\% \times 28.2\% = 66.66\%$ | 23.08% |
| GEN2 | TQ | Infl+ Non-Life | 35.0% | 99.6% | $30\% \times 5.2\% = 36.76\%$ | 3.85% |
| GEN2 | TQ | Non-Infl+Life | 35.0% | 98.8% | $30\% \times 5.0\% = 36.5\%$ | 3.85% |

Exhibit 3a
Continental Casualty Company
LTC1 - Policy Forms with Lifetime Benefits & Standard Inflation
Nationwide Historical and Projected Experience Restated with Approved Pennsylvania Rate Increases
NW Lifetime Loss Ratio Exhibit Using 2-Year Rate Increase Implementation

| Year | Without Rate Increase | | | | With 2-Year Increase (30% followed by 5.9%) | | | |
|--|-----------------------|-----------------|-------------------|-----------------------|---|-----------------|-------------------|-----------------------|
| | Earned Premium | Incurred Claims | Annual Loss Ratio | Cumulative Loss Ratio | Earned Premium | Incurred Claims | Annual Loss Ratio | Cumulative Loss Ratio |
| Historical | | | | | | | | |
| 1988 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1989 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1990 | - | - | 0% | 0% | - | - | 0% | 0% |
| 1991 | 302,590 | - | 0% | 0% | 302,590 | - | 0% | 0% |
| 1992 | 3,587,588 | 9,289 | 0% | 0% | 3,587,588 | 9,289 | 0% | 0% |
| 1993 | 9,470,851 | 403,881 | 4% | 3% | 9,470,851 | 403,881 | 4% | 3% |
| 1994 | 13,338,015 | 3,599,530 | 27% | 15% | 13,338,015 | 3,599,530 | 27% | 15% |
| 1995 | 14,466,745 | 3,572,475 | 25% | 18% | 14,466,745 | 3,572,475 | 25% | 18% |
| 1996 | 13,720,183 | 4,046,018 | 29% | 21% | 13,720,183 | 4,046,018 | 29% | 21% |
| 1997 | 13,666,230 | 5,673,528 | 42% | 25% | 13,666,230 | 5,673,528 | 42% | 25% |
| 1998 | 13,273,852 | 5,042,742 | 38% | 27% | 13,273,852 | 5,042,742 | 38% | 27% |
| 1999 | 12,840,362 | 8,997,945 | 70% | 33% | 12,840,362 | 8,997,945 | 70% | 33% |
| 2000 | 12,579,372 | 7,017,031 | 56% | 36% | 12,579,372 | 7,017,031 | 56% | 36% |
| 2001 | 12,260,405 | 7,887,398 | 64% | 39% | 12,260,405 | 7,887,398 | 64% | 39% |
| 2002 | 12,687,782 | 10,621,595 | 84% | 43% | 12,687,782 | 10,621,595 | 84% | 43% |
| 2003 | 14,661,342 | 15,544,213 | 106% | 49% | 14,661,342 | 15,544,213 | 106% | 49% |
| 2004 | 19,667,634 | 14,107,506 | 72% | 52% | 19,667,634 | 14,107,506 | 72% | 52% |
| 2005 | 19,345,044 | 12,226,292 | 63% | 53% | 19,345,044 | 12,226,292 | 63% | 53% |
| 2006 | 17,766,441 | 20,940,736 | 118% | 59% | 17,766,441 | 20,940,736 | 118% | 59% |
| 2007 | 17,217,814 | 21,838,481 | 127% | 64% | 17,217,814 | 21,838,481 | 127% | 64% |
| 2008 | 16,538,509 | 22,219,486 | 134% | 69% | 16,538,509 | 22,219,486 | 134% | 69% |
| 2009 | 15,853,396 | 29,750,882 | 188% | 76% | 15,853,396 | 29,750,882 | 188% | 76% |
| 2010 | 15,005,323 | 25,440,540 | 170% | 82% | 15,005,323 | 25,440,540 | 170% | 82% |
| 2011 | 14,377,340 | 32,584,669 | 227% | 89% | 14,377,340 | 32,584,669 | 227% | 89% |
| 2012 | 14,955,795 | 37,022,161 | 248% | 97% | 14,955,795 | 37,022,161 | 248% | 97% |
| 2013 | 15,526,244 | 42,691,034 | 275% | 106% | 15,526,244 | 42,691,034 | 275% | 106% |
| 2014 | 14,743,896 | 43,036,119 | 292% | 114% | 14,743,896 | 43,036,119 | 292% | 114% |
| 2015 | 13,680,020 | 47,484,123 | 347% | 123% | 13,680,020 | 47,484,123 | 347% | 123% |
| 2016 | 13,495,170 | 51,310,024 | 380% | 133% | 13,495,170 | 51,310,024 | 380% | 133% |
| 2017 | 14,007,361 | 57,978,997 | 414% | 144% | 14,007,361 | 57,978,997 | 414% | 144% |
| 2018 | 13,063,132 | 63,940,742 | 489% | 156% | 13,063,132 | 63,940,742 | 489% | 156% |
| 2019 | 13,259,356 | 60,056,962 | 453% | 166% | 13,259,356 | 60,056,962 | 453% | 166% |
| 2020 | 12,755,846 | 51,364,438 | 403% | 173% | 12,755,846 | 51,364,438 | 403% | 173% |
| Total Actual | 408,113,640 | 706,408,837 | 173% | 173% | 408,113,640 | 706,408,837 | 173% | 173% |
| Projected | | | | | | | | |
| 2021 | 11,329,174 | 56,969,939 | 503% | 182% | 11,915,255 | 56,525,573 | 474% | 182% |
| 2022 | 10,363,674 | 64,956,477 | 627% | 193% | 12,837,665 | 65,748,469 | 512% | 191% |
| 2023 | 9,377,562 | 61,009,031 | 651% | 202% | 12,285,288 | 61,300,759 | 499% | 200% |
| 2024 | 8,419,243 | 62,469,964 | 742% | 213% | 11,086,380 | 59,751,477 | 539% | 208% |
| 2025 | 7,495,453 | 63,246,341 | 844% | 223% | 9,869,941 | 60,494,069 | 613% | 217% |
| 2026 | 6,614,731 | 63,400,407 | 958% | 234% | 8,710,216 | 60,641,430 | 696% | 226% |
| 2027 | 5,783,791 | 62,925,841 | 1088% | 244% | 7,616,042 | 60,187,516 | 790% | 234% |
| 2028 | 5,006,716 | 61,648,213 | 1231% | 255% | 6,592,796 | 58,965,486 | 894% | 243% |
| 2029 | 4,288,571 | 59,665,074 | 1391% | 265% | 5,647,149 | 57,068,647 | 1011% | 252% |
| 2030 | 3,642,012 | 57,032,474 | 1566% | 275% | 4,795,767 | 54,550,609 | 1137% | 261% |
| 2031 | 3,067,876 | 53,782,831 | 1753% | 284% | 4,039,750 | 51,442,380 | 1273% | 269% |
| 2032 | 2,562,287 | 49,966,237 | 1950% | 293% | 3,373,995 | 47,791,872 | 1416% | 276% |
| 2033 | 2,121,095 | 45,788,357 | 2159% | 301% | 2,793,037 | 43,795,799 | 1568% | 283% |
| 2034 | 1,739,329 | 41,331,300 | 2376% | 308% | 2,290,331 | 39,532,699 | 1726% | 290% |
| 2035 | 1,411,700 | 36,559,279 | 2590% | 315% | 1,858,914 | 34,968,340 | 1881% | 296% |
| 2036 | 1,133,458 | 31,664,268 | 2794% | 321% | 1,492,527 | 30,286,343 | 2029% | 301% |
| 2037 | 899,489 | 26,904,576 | 2991% | 325% | 1,184,439 | 25,733,778 | 2173% | 305% |
| 2038 | 705,172 | 22,442,133 | 3183% | 330% | 928,564 | 21,465,525 | 2312% | 309% |
| 2039 | 545,576 | 18,355,792 | 3364% | 333% | 718,410 | 17,557,009 | 2444% | 312% |
| 2040 | 416,162 | 14,681,669 | 3528% | 336% | 547,998 | 14,042,771 | 2563% | 314% |
| 2041 | 312,736 | 11,475,216 | 3669% | 338% | 411,808 | 10,975,853 | 2665% | 316% |
| 2042 | 231,252 | 8,784,647 | 3799% | 339% | 304,510 | 8,402,368 | 2759% | 317% |
| 2043 | 168,073 | 6,567,672 | 3908% | 341% | 221,316 | 6,281,868 | 2838% | 318% |
| 2044 | 120,000 | 4,778,264 | 3982% | 341% | 158,015 | 4,570,329 | 2892% | 319% |
| 2045 | 84,121 | 3,396,980 | 4038% | 342% | 110,769 | 3,249,155 | 2933% | 320% |
| 2046 | 57,913 | 2,382,094 | 4113% | 342% | 76,259 | 2,278,433 | 2988% | 320% |
| 2047 | 39,207 | 1,666,594 | 4251% | 343% | 51,628 | 1,594,070 | 3088% | 320% |
| 2048 | 26,167 | 1,171,784 | 4478% | 343% | 34,456 | 1,120,792 | 3253% | 320% |
| 2049 | 17,288 | 827,684 | 4788% | 343% | 22,765 | 791,666 | 3478% | 321% |
| 2050 | 11,372 | 592,803 | 5213% | 343% | 14,974 | 567,006 | 3787% | 321% |
| 2051 | 7,501 | 434,610 | 5794% | 343% | 9,877 | 415,698 | 4209% | 321% |
| 2052 | 5,002 | 323,529 | 6469% | 343% | 6,586 | 309,450 | 4699% | 321% |
| 2053 | 3,398 | 245,409 | 7221% | 343% | 4,475 | 234,730 | 5245% | 321% |
| 2054 | 2,362 | 192,302 | 8140% | 343% | 3,111 | 183,934 | 5913% | 321% |
| 2055 | 1,686 | 155,479 | 9224% | 344% | 2,220 | 148,713 | 6700% | 321% |
| 2056 | 1,232 | 129,980 | 10549% | 344% | 1,622 | 124,323 | 7663% | 321% |
| 2057 | 917 | 108,409 | 11823% | 344% | 1,207 | 103,692 | 8588% | 321% |
| 2058 | 693 | 89,741 | 12956% | 344% | 912 | 85,836 | 9411% | 321% |
| 2059 | 529 | 76,757 | 14510% | 344% | 697 | 73,416 | 10540% | 321% |
| 2060 | 404 | 65,782 | 16282% | 344% | 532 | 62,919 | 11827% | 321% |
| 2061 | 309 | 55,902 | 18100% | 344% | 407 | 53,469 | 13147% | 321% |
| 2062 | 235 | 47,528 | 20218% | 344% | 310 | 45,460 | 14686% | 321% |
| 2063 | 177 | 39,960 | 22521% | 344% | 234 | 38,221 | 16358% | 321% |
| 2064 | 133 | 32,532 | 24474% | 344% | 175 | 31,117 | 17777% | 321% |
| 2065 | 97 | 25,030 | 25689% | 344% | 128 | 23,940 | 18660% | 321% |
| 2066 | 70 | 17,432 | 25079% | 344% | 92 | 16,673 | 18217% | 321% |
| 2067 | 48 | 11,322 | 23454% | 344% | 64 | 10,830 | 17036% | 321% |
| 2068 | 33 | 7,149 | 21966% | 344% | 43 | 6,838 | 15956% | 321% |
| 2069 | 21 | 4,366 | 20617% | 344% | 28 | 4,176 | 14976% | 321% |
| 2070 | 13 | 2,583 | 19438% | 344% | 17 | 2,470 | 14119% | 321% |
| 2071 | 8 | 1,486 | 18518% | 344% | 11 | 1,421 | 13451% | 321% |
| 2072 | 5 | 828 | 17859% | 344% | 6 | 792 | 12973% | 321% |
| 2073 | 3 | 446 | 17349% | 344% | 3 | 427 | 12602% | 321% |
| 2074 | 1 | 232 | 17040% | 344% | 2 | 222 | 12378% | 321% |
| 2075 | 1 | 114 | 16458% | 344% | 1 | 109 | 11954% | 321% |
| 2076 | 0 | 51 | 15008% | 344% | 0 | 49 | 10902% | 321% |
| 2077 | 0 | 21 | 13216% | 344% | 0 | 20 | 9600% | 321% |
| 2078 | 0 | 8 | 11537% | 344% | 0 | 7 | 8380% | 321% |
| 2079 | 0 | 2 | 9962% | 344% | 0 | 2 | 7236% | 321% |
| Total Projected | 88,016,077 | 998,512,932 | 1134% | 1134% | 112,023,724 | 963,661,045 | 860% | 860% |
| Total Lifetime | 496,129,717 | 1,704,921,768 | 344% | 344% | 520,137,364 | 1,670,069,881 | 321% | 321% |
| Values Accumulated/Discounted to 12/31/2020 at Maximum Statutory Valuation Interest Rates | | | | | | | | |
| Past | 890,555,934 | 1,109,735,965 | 125% | 125% | 890,555,934 | 1,109,735,965 | 125% | 124.6% |
| Future | 67,470,790 | 666,679,912 | 988% | 988% | 85,111,005 | 645,605,243 | 759% | 758.5% |
| Lifetime | 958,026,724 | 1,776,415,877 | 185% | 185% | 975,666,939 | 1,755,341,208 | 180% | 179.9% |

| | | | |
|----------------------|---|-----------------|------------------------------|
| State: | Pennsylvania | Filing Company: | Continental Casualty Company |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.003 Other | | |
| Product Name: | PA-OP-GEN1-RA20-R1 | | |
| Project Name/Number: | PA-OP-GEN1-RA20-R1 (RATE ONLY)/ | | |

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date | Schedule Item Status | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|---------------|----------------------|----------|------------------------------------|---------------------------|--|
| 01/16/2022 | | Rate | LTC1 Rate Supplement & Rate Sheets | 08/08/2022 | LTC1 Rate Supplement and Rate Sheets - PA.pdf (Superceded) |

THIS POLICY IS FOR RENEWAL BUSINESS ONLY

**CONTINENTAL CASUALTY COMPANY
PENNSYLVANIA
LTC1 Product Portfolio
Supplement to Rate Sheets for Policy Forms:**

P1-15203-A37/-A87

Rates in the above forms should be multiplied by the following factors:

| Cumulative Rate Increase | | |
|---|-----------------------|---------------|
| Automatic Increase Benefit Rider | Benefit Period | Factor |
| Inflation | Lifetime | 4.092115 |
| Inflation | Non-Lifetime | 3.042464 |
| Non-Inflation | Lifetime | 3.042464 |
| Non-Inflation | Non-Lifetime | 3.042464 |

These amounts reflect the following prior approved and current rate increases:

| Prior Approved Rate Increases | | | | |
|---|-----------------------|----------------------|-----------------------|------------------------|
| Automatic Increase Benefit Rider | Benefit Period | Approval Date | Effective Date | Amount Approved |
| All | All | 6/28/2002 | 1/1/2003 | 15.00% |
| All | All | 7/10/2003 | 1/1/2004 | 40.00% |
| All | All | 9/2/2011 | 2/1/2012 | 11.80% |
| All | All | 9/2/2011 | 2/1/2013 | 11.80% |
| All | All | 3/23/2016 | 9/1/2016 | 20.00% |
| All | All | 4/3/2018 | 10/1/2018 | 9.54% |
| All | All | 4/3/2018 | 10/1/2019 | 9.54% |
| All | All | 8/22/2020 | 2/1/2021 | 5.00% |

| Current Rate Increase | | |
|---|-----------------------|---------------|
| Automatic Increase Benefit Rider | Benefit Period | Amount |
| Inflation | Lifetime | 34.5% |
| Inflation | Non-Lifetime | 0.0% |
| Non-Inflation | Lifetime | 0.0% |
| Non-Inflation | Non-Lifetime | 0.0% |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For P1-15203-A37
Long-Term Care Policy
Annual Premium per \$10 Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 2 YEARS

| ISSUE AGE | 0 DAY ELIMINATION PERIOD | 30 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
|--------------|--------------------------------|---------------------------------|---------------------------------|
| 18-44 | 17 | 16 | 15 |
| 45-49 | 19 | 18 | 17 |
| 50-54 | 22 | 21 | 20 |
| 55-59 | 33 | 31 | 29 |
| 60-64 | 53 | 50 | 47 |
| 65 | 65 | 60 | 55 |
| 66 | 70 | 65 | 59 |
| 67 | 76 | 70 | 63 |
| 68 | 84 | 77 | 69 |
| 69 | 92 | 85 | 76 |
| 70 | 102 | 93 | 83 |
| 71 | 114 | 103 | 92 |
| 72 | 128 | 116 | 102 |
| 73 | 144 | 130 | 115 |
| 74 | 161 | 146 | 129 |
| 75 | 181 | 163 | 144 |
| 76 | 203 | 183 | 160 |
| 77 | 227 | 204 | 178 |
| 78 | 252 | 228 | 198 |
| 79 | 280 | 250 | 219 |
| 80 | | 274 | 239 |
| 81 | | 308 | 266 |
| 82 | | 341 | 295 |
| 83 | | 380 | 330 |
| 84 | | 420 | 363 |

CONTINENTAL CASUALTY COMPANY
 CNA Plaza, Chicago, IL 60685
 Rate Sheet For P1-15203-A37
 Long-Term Care Policy
 Annual Premium per \$10 Daily Indemnity

HEALTH GROUP I
 NO PRIOR HOSPITALIZATION REQUIRED
 BENEFIT PERIOD: 4 YEARS

| ISSUE AGE | 0 DAY ELIMINATION PERIOD | 30 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
|--------------|--------------------------------|---------------------------------|---------------------------------|
| 18-44 | 19 | 18 | 17 |
| 45-49 | 21 | 20 | 19 |
| 50-54 | 26 | 24 | 23 |
| 55-59 | 39 | 37 | 34 |
| 60-64 | 65 | 61 | 57 |
| 65 | 81 | 76 | 70 |
| 66 | 88 | 82 | 75 |
| 67 | 97 | 90 | 82 |
| 68 | 107 | 100 | 91 |
| 69 | 119 | 110 | 100 |
| 70 | 132 | 122 | 111 |
| 71 | 148 | 137 | 124 |
| 72 | 167 | 153 | 139 |
| 73 | 189 | 174 | 157 |
| 74 | 214 | 197 | 177 |
| 75 | 242 | 222 | 199 |
| 76 | 272 | 249 | 224 |
| 77 | 305 | 279 | 250 |
| 78 | 342 | 312 | 279 |
| 79 | 380 | 347 | 311 |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For PI-15203-A37
Long-Term Care Policy
Annual Premium per \$10 Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 6 YEARS

| ISSUE AGE | 0 DAY ELIMINATION PERIOD | 30 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
|--------------|--------------------------------|---------------------------------|---------------------------------|
| 18-44 | 20 | 19 | 18 |
| 45-49 | 22 | 21 | 20 |
| 50-54 | 28 | 27 | 25 |
| 55-59 | 43 | 40 | 38 |
| 60-64 | 72 | 68 | 64 |
| 65 | 91 | 85 | 79 |
| 66 | 98 | 93 | 85 |
| 67 | 109 | 102 | 94 |
| 68 | 121 | 113 | 104 |
| 69 | 134 | 125 | 115 |
| 70 | 149 | 140 | 127 |
| 71 | 166 | 155 | 142 |
| 72 | 188 | 175 | 159 |
| 73 | 213 | 198 | 180 |
| 74 | 241 | 224 | 203 |
| 75 | 271 | 252 | 229 |
| 76 | 306 | 283 | 256 |
| 77 | 343 | 318 | 287 |
| 78 | 382 | 354 | 320 |
| 79 | 425 | 394 | 354 |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For P1-15203-A37
Long-Term Care Policy
Annual Premium per \$10 Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: LIFETIME

| <u>ISSUE AGE</u> | <u>0 DAY ELIMINATION PERIOD</u> | <u>30 DAY ELIMINATION PERIOD</u> | <u>90 DAY ELIMINATION PERIOD</u> |
|----------------------|---|--|--|
| 18-44 | 23 | 22 | 21 |
| 45-49 | 25 | 24 | 23 |
| 50-54 | 33 | 31 | 30 |
| 55-59 | 50 | 48 | 45 |
| 60-64 | 86 | 82 | 77 |
| 65 | 108 | 104 | 96 |
| 66 | 118 | 113 | 104 |
| 67 | 130 | 124 | 114 |
| 68 | 144 | 138 | 127 |
| 69 | 159 | 152 | 140 |
| 70 | 177 | 170 | 155 |
| 71 | 199 | 190 | 173 |
| 72 | 224 | 214 | 194 |
| 73 | 252 | 241 | 219 |
| 74 | 285 | 271 | 247 |
| 75 | 320 | 305 | 277 |
| 76 | 359 | 342 | 310 |
| 77 | 401 | 382 | 346 |
| 78 | 446 | 425 | 385 |
| 79 | 495 | 471 | 427 |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For P1-15203-A37
Long-Term Care Policy
Annual Premium per \$10 Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 1 YEAR

| ISSUE AGE | 30 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
|--------------|---------------------------------|---------------------------------|
| 80 | 193 | 161 |
| 81 | 215 | 179 |
| 82 | 238 | 198 |
| 83 | 264 | 220 |
| 84 | 291 | 242 |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For P1-15203-A37
Long-Term Care Policy

Rates shown are for Health Rating Group I. Rates for Health Rating Groups II, III, and IV are calculated by multiplying Health Group I rates by 1.15, 1.60 and 2.00, respectively.

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Supplement to Rate Sheet For P1-15203-A37
Long-Term Care Policy

MULTI-LIFE DISCOUNT

- A. A 10% discount to the rates will be made if the following conditions are met:

For Associations of 200 lives or more:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.

- B. A 5% discount to the rates will be made if the following conditions are met:

For Associations of less than 200 lives:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.

SPOUSAL DISCOUNT

- A 10% discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group.
2. If both spouses apply for coverage simultaneously and are both issued, discount applies to both policies.
3. If one spouse already has coverage and the other spouse applies and is issued, discount will apply only to the second policy.

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For R1-59439-B
Simple Automatic Increase Rider
Annual Premium per \$10 Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 2 YEARS

| ISSUE AGE | 0 DAY ELIMINATION PERIOD | 30 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
|--------------|--------------------------------|---------------------------------|---------------------------------|
| 18-44 | 2 | 2 | 1 |
| 45-49 | 1 | 1 | 1 |
| 50-54 | 4 | 3 | 2 |
| 55-59 | 7 | 7 | 5 |
| 60-64 | 16 | 14 | 11 |
| 65 | 22 | 21 | 17 |
| 66 | 25 | 23 | 18 |
| 67 | 28 | 27 | 22 |
| 68 | 31 | 30 | 24 |
| 69 | 35 | 33 | 26 |
| 70 | 39 | 37 | 30 |
| 71 | 42 | 41 | 32 |
| 72 | 45 | 43 | 36 |
| 73 | 49 | 48 | 37 |
| 74 | 55 | 52 | 40 |
| 75 | 59 | 57 | 44 |
| 76 | 62 | 61 | 48 |
| 77 | 66 | 65 | 51 |
| 78 | 71 | 69 | 53 |
| 79 | 75 | 74 | 54 |
| 80 | | 77 | 57 |
| 81 | | 80 | 61 |
| 82 | | 85 | 62 |
| 83 | | 90 | 63 |
| 84 | | 96 | 66 |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For R1-59439-B
Simple Automatic Increase Rider
Annual Premium per \$10 Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 4 YEARS

| <u>ISSUE AGE</u> | <u>0 DAY ELIMINATION PERIOD</u> | <u>30 DAY ELIMINATION PERIOD</u> | <u>90 DAY ELIMINATION PERIOD</u> |
|----------------------|---|--|--|
| 18-44 | 3 | 3 | 2 |
| 45-49 | 3 | 3 | 3 |
| 50-54 | 5 | 6 | 4 |
| 55-59 | 11 | 11 | 10 |
| 60-64 | 24 | 23 | 19 |
| 65 | 34 | 31 | 27 |
| 66 | 38 | 35 | 31 |
| 67 | 42 | 39 | 35 |
| 68 | 47 | 43 | 39 |
| 69 | 52 | 48 | 43 |
| 70 | 58 | 53 | 47 |
| 71 | 64 | 58 | 52 |
| 72 | 71 | 65 | 57 |
| 73 | 76 | 71 | 63 |
| 74 | 83 | 75 | 68 |
| 75 | 90 | 82 | 73 |
| 76 | 96 | 89 | 79 |
| 77 | 104 | 95 | 86 |
| 78 | 109 | 102 | 91 |
| 79 | 118 | 108 | 97 |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For R1-59439-B
Simple Automatic Increase Rider
Annual Premium per \$10 Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 6 YEARS

| ISSUE AGE | 0 DAY ELIMINATION PERIOD | 30 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
|--------------|--------------------------------|---------------------------------|---------------------------------|
| 18-44 | 4 | 4 | 4 |
| 45-49 | 5 | 5 | 4 |
| 50-54 | 7 | 6 | 6 |
| 55-59 | 14 | 14 | 12 |
| 60-64 | 30 | 28 | 24 |
| 65 | 42 | 39 | 35 |
| 66 | 47 | 43 | 39 |
| 67 | 51 | 47 | 43 |
| 68 | 57 | 53 | 47 |
| 69 | 64 | 59 | 53 |
| 70 | 71 | 64 | 59 |
| 71 | 79 | 73 | 65 |
| 72 | 85 | 79 | 73 |
| 73 | 93 | 86 | 78 |
| 74 | 101 | 93 | 85 |
| 75 | 110 | 101 | 92 |
| 76 | 117 | 109 | 99 |
| 77 | 125 | 116 | 106 |
| 78 | 136 | 125 | 114 |
| 79 | 144 | 133 | 123 |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For R1-59439-B
Simple Automatic Increase Rider
Annual Premium per \$10 Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: LIFETIME

| ISSUE AGE | 0 DAY ELIMINATION PERIOD | 30 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
|--------------|--------------------------------|---------------------------------|---------------------------------|
| 18-44 | 5 | 5 | 5 |
| 45-49 | 7 | 6 | 6 |
| 50-54 | 9 | 9 | 8 |
| 55-59 | 20 | 19 | 17 |
| 60-64 | 38 | 37 | 33 |
| 65 | 53 | 50 | 46 |
| 66 | 58 | 56 | 50 |
| 67 | 65 | 63 | 57 |
| 68 | 73 | 69 | 62 |
| 69 | 82 | 78 | 70 |
| 70 | 90 | 84 | 78 |
| 71 | 98 | 93 | 85 |
| 72 | 107 | 102 | 94 |
| 73 | 117 | 111 | 102 |
| 74 | 127 | 121 | 110 |
| 75 | 137 | 131 | 119 |
| 76 | 148 | 141 | 129 |
| 77 | 159 | 152 | 139 |
| 78 | 171 | 163 | 149 |
| 79 | 183 | 174 | 159 |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For R1-59439-B
Simple Automatic Increase Rider
Annual Premium per \$10 Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 1 YEAR

| ISSUE AGE | 30 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
|--------------|---------------------------------|---------------------------------|
| 80 | 42 | 33 |
| 81 | 43 | 35 |
| 82 | 44 | 36 |
| 83 | 46 | 35 |
| 84 | 47 | 36 |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For R1-16185-B
Compound Automatic Increase Rider
Annual Premium per \$10 Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 2 YEARS

| ISSUE AGE | 0 DAY ELIMINATION PERIOD | 30 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
|--------------|--------------------------------|---------------------------------|---------------------------------|
| 18-44 | 3 | 3 | 2 |
| 45-49 | 3 | 3 | 2 |
| 50-54 | 6 | 5 | 4 |
| 55-59 | 11 | 11 | 8 |
| 60-64 | 24 | 22 | 17 |
| 65 | 34 | 31 | 25 |
| 66 | 37 | 34 | 28 |
| 67 | 42 | 38 | 32 |
| 68 | 45 | 42 | 35 |
| 69 | 50 | 46 | 38 |
| 70 | 54 | 51 | 42 |
| 71 | 58 | 55 | 45 |
| 72 | 63 | 59 | 48 |
| 73 | 68 | 64 | 51 |
| 74 | 73 | 69 | 55 |
| 75 | 77 | 75 | 59 |
| 76 | 82 | 78 | 63 |
| 77 | 86 | 83 | 67 |
| 78 | 92 | 87 | 68 |
| 79 | 95 | 92 | 69 |
| 80 | | 94 | 72 |
| 81 | | 98 | 75 |
| 82 | | 102 | 76 |
| 83 | | 107 | 77 |
| 84 | | 112 | 80 |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For R1-16185-B
Compound Automatic Increase Rider
Annual Premium per \$10 Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 4 YEARS

| ISSUE AGE | 0 DAY ELIMINATION PERIOD | 30 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
|--------------|--------------------------------|---------------------------------|---------------------------------|
| 18-44 | 4 | 4 | 4 |
| 45-49 | 5 | 5 | 4 |
| 50-54 | 8 | 8 | 7 |
| 55-59 | 17 | 15 | 15 |
| 60-64 | 36 | 33 | 29 |
| 65 | 50 | 45 | 40 |
| 66 | 55 | 50 | 45 |
| 67 | 60 | 56 | 50 |
| 68 | 67 | 60 | 54 |
| 69 | 73 | 67 | 59 |
| 70 | 80 | 73 | 65 |
| 71 | 88 | 80 | 71 |
| 72 | 94 | 88 | 77 |
| 73 | 102 | 93 | 83 |
| 74 | 109 | 99 | 89 |
| 75 | 116 | 106 | 95 |
| 76 | 124 | 113 | 101 |
| 77 | 132 | 121 | 108 |
| 78 | 138 | 128 | 114 |
| 79 | 146 | 134 | 120 |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For R1-16185-B
Compound Automatic Increase Rider
Annual Premium per \$10 Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 6 YEARS

| ISSUE AGE | 0 DAY ELIMINATION PERIOD | 30 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
|--------------|--------------------------------|---------------------------------|---------------------------------|
| 18-44 | 6 | 6 | 5 |
| 45-49 | 7 | 7 | 6 |
| 50-54 | 10 | 9 | 9 |
| 55-59 | 21 | 20 | 18 |
| 60-64 | 44 | 40 | 36 |
| 65 | 59 | 56 | 50 |
| 66 | 66 | 60 | 56 |
| 67 | 72 | 66 | 60 |
| 68 | 79 | 73 | 66 |
| 69 | 88 | 81 | 73 |
| 70 | 96 | 88 | 80 |
| 71 | 105 | 96 | 87 |
| 72 | 113 | 104 | 95 |
| 73 | 122 | 113 | 102 |
| 74 | 130 | 121 | 110 |
| 75 | 140 | 129 | 117 |
| 76 | 148 | 138 | 125 |
| 77 | 157 | 145 | 133 |
| 78 | 167 | 155 | 140 |
| 79 | 177 | 162 | 150 |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For R1-16185-B
Compound Automatic Increase Rider
Annual Premium per \$10 Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: LIFETIME

| ISSUE AGE | 0 DAY ELIMINATION PERIOD | 30 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
|--------------|--------------------------------|---------------------------------|---------------------------------|
| 18-44 | 8 | 8 | 7 |
| 45-49 | 9 | 9 | 8 |
| 50-54 | 13 | 14 | 12 |
| 55-59 | 29 | 28 | 25 |
| 60-64 | 55 | 53 | 47 |
| 65 | 75 | 71 | 64 |
| 66 | 82 | 78 | 70 |
| 67 | 90 | 86 | 78 |
| 68 | 99 | 95 | 85 |
| 69 | 109 | 104 | 94 |
| 70 | 120 | 113 | 103 |
| 71 | 129 | 123 | 112 |
| 72 | 139 | 133 | 122 |
| 73 | 151 | 143 | 130 |
| 74 | 161 | 155 | 140 |
| 75 | 173 | 164 | 150 |
| 76 | 185 | 176 | 160 |
| 77 | 196 | 186 | 171 |
| 78 | 208 | 199 | 181 |
| 79 | 221 | 210 | 192 |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For R1-16185-B
Compound Automatic Increase Rider
Annual Premium per \$10 Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 1 YEAR

| ISSUE AGE | 30 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
|--------------|---------------------------------|---------------------------------|
| 80 | 53 | 43 |
| 81 | 54 | 44 |
| 82 | 55 | 45 |
| 83 | 56 | 44 |
| 84 | 56 | 45 |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For R1-15205-A37
Comprehensive Home Health Care Rider
HEALTH GROUP I
Annual Rate for each \$10 Home Health Care Maximum Benefit

| <u>ISSUE AGE</u> | <u>750 VISIT BENEFIT</u> | <u>1500 VISIT BENEFIT</u> | <u>LIFETIME BENEFIT</u> |
|----------------------|------------------------------|-------------------------------|-----------------------------|
| 18-44 | 21 | 27 | 34 |
| 45-49 | 23 | 29 | 36 |
| 50-54 | 24 | 30 | 38 |
| 55-59 | 31 | 40 | 50 |
| 60-64 | 44 | 55 | 70 |
| 65 | 49 | 61 | 78 |
| 66 | 50 | 65 | 81 |
| 67 | 53 | 68 | 86 |
| 68 | 57 | 73 | 91 |
| 69 | 60 | 77 | 98 |
| 70 | 64 | 82 | 105 |
| 71 | 69 | 89 | 114 |
| 72 | 75 | 97 | 123 |
| 73 | 82 | 105 | 134 |
| 74 | 89 | 114 | 145 |
| 75 | 97 | 124 | 157 |
| 76 | 105 | 135 | 170 |
| 77 | 114 | 146 | 185 |
| 78 | 125 | 160 | 202 |
| 79 | 135 | 172 | 220 |
| 80 | 147 | | |
| 81 | 159 | | |
| 82 | 174 | | |
| 83 | 191 | | |
| 84 | 206 | | |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For R1-15205-A37
Comprehensive Home Health Care Rider
HEALTH GROUP I

Annual Rate for each \$10 Home Health Care Maximum Benefit
Add if Simple Automatic Increase Rider R1-59439-B present

| <u>ISSUE AGE</u> | <u>750 VISIT BENEFIT</u> | <u>1500 VISIT BENEFIT</u> | <u>LIFETIME BENEFIT</u> |
|----------------------|------------------------------|-------------------------------|-----------------------------|
| 18-44 | 5 | 7 | 8 |
| 45-49 | 5 | 6 | 8 |
| 50-54 | 7 | 10 | 12 |
| 55-59 | 10 | 12 | 17 |
| 60-64 | 13 | 18 | 23 |
| 65 | 16 | 23 | 28 |
| 66 | 18 | 22 | 30 |
| 67 | 19 | 24 | 32 |
| 68 | 20 | 25 | 35 |
| 69 | 23 | 29 | 36 |
| 70 | 25 | 32 | 39 |
| 71 | 26 | 33 | 40 |
| 72 | 28 | 35 | 43 |
| 73 | 28 | 36 | 45 |
| 74 | 30 | 38 | 48 |
| 75 | 31 | 39 | 51 |
| 76 | 33 | 41 | 54 |
| 77 | 35 | 44 | 56 |
| 78 | 36 | 46 | 60 |
| 79 | 39 | 52 | 63 |
| 80 | 41 | | |
| 81 | 45 | | |
| 82 | 45 | | |
| 83 | 46 | | |
| 84 | 46 | | |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For R1-15205-A37
Comprehensive Home Health Care Rider
HEALTH GROUP I

Annual Rate for each \$10 Home Health Care Maximum Benefit
Add if Compound Automatic Increase Rider R1-16185-B present

| <u>ISSUE AGE</u> | <u>750 VISIT BENEFIT</u> | <u>1500 VISIT BENEFIT</u> | <u>LIFETIME BENEFIT</u> |
|----------------------|------------------------------|-------------------------------|-----------------------------|
| 18-44 | 7 | 8 | 9 |
| 45-49 | 6 | 8 | 10 |
| 50-54 | 9 | 12 | 14 |
| 55-59 | 14 | 17 | 23 |
| 60-64 | 18 | 24 | 31 |
| 65 | 23 | 31 | 38 |
| 66 | 25 | 32 | 41 |
| 67 | 26 | 33 | 43 |
| 68 | 27 | 35 | 46 |
| 69 | 30 | 39 | 49 |
| 70 | 33 | 42 | 51 |
| 71 | 35 | 44 | 53 |
| 72 | 37 | 46 | 57 |
| 73 | 37 | 47 | 59 |
| 74 | 39 | 49 | 62 |
| 75 | 41 | 52 | 65 |
| 76 | 42 | 52 | 68 |
| 77 | 43 | 55 | 69 |
| 78 | 46 | 59 | 74 |
| 79 | 48 | 63 | 78 |
| 80 | 50 | | |
| 81 | 53 | | |
| 82 | 54 | | |
| 83 | 53 | | |
| 84 | 55 | | |